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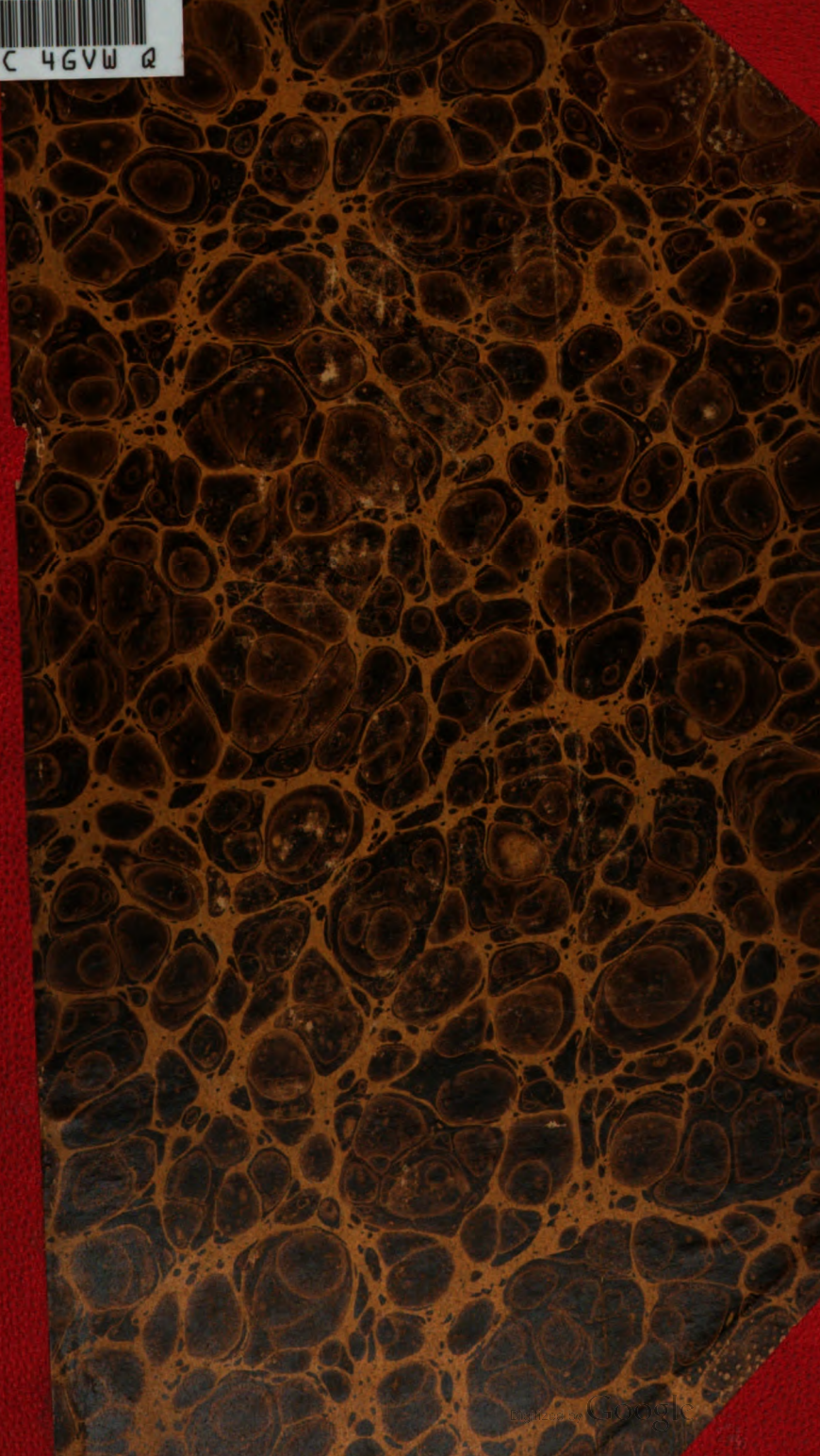
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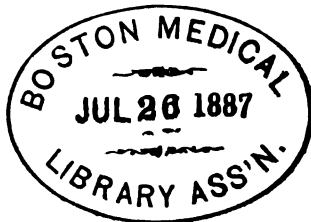
AUSTRALIAN MEDICAL JOURNAL.

(NEW SERIES.)

THE AUSTRALIAN
Medical Journal

FOR

1883.



NEW SERIES.

VOL. V.

MELBOURNE:
STILLWELL AND CO., 78 COLLINS STREET EAST.
1883.

CATALOGUED,
E. H. B.

7/26/87.

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THE
AUSTRALIAN MEDICAL JOURNAL
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ORIGINAL ARTICLES.

ON THE EXACT ROLE OF THE PATHOGENIC
BACTERIA.

By JAMES JAMIESON, M.D.

There are still many disputed points in connection with the question of the relation of bacteria to various forms of disease. But there is almost unanimous agreement to the effect that they do play an important, in fact an essential, part in the causation of most, if not all, contagious diseases affecting the general system. It might almost be said, however, that too much has of late been made of the omnipresent bacterium. We may be prepared at once to admit the specific character of the *bacillus anthracis*, and even the pathogenic significance of the organisms, bacilli or micrococci, which have been found, or supposed to be found, invariably associated with diphtheria, pyæmia, typhoid, gonorrhœa, syphilis, and many other diseases; but we do not so readily accept the doctrine, which would ascribe to similar organisms an important part in many normal physiological processes, as the manufacture of the digestive and other ferments. But, while thus admitting their importance in the production of the acute infectious diseases, and of some also which are neither acute nor infectious in the ordinary sense of these words, there is still much to be learned about their botanical characters and relations, their possible, or even probable, change of character under different conditions (polymorphism), and their exact mode of action. We are likewise much in need of light on two very important points, viz., whether bacteria, of one kind or another, are invariably present in the healthy animal body; and whether, for the settlement and propagation of those which are recognised as pathogenic, some predisposition is necessary, some departure from the condition of health locally or generally. On each and all of these points much has been written, and on most of them there has been a large amount of investigation carried on.

VOL. V. No. 1.—NEW SERIES.

As to the mode of action of disease-producing organisms, that is to say, the way in which they affect the system so as to produce the symptoms peculiar to each disease, not much need be said. It is not certain that they all operate in the same way, though it is most probable that they act by manufacturing specific poisons, which are the real active agents. Other effects, chemical or mechanical, of an injurious kind may be produced, but the characteristic constitutional symptoms of each disease are doubtless in the main brought about in that way. The formation of such specific poisons has been proved to take place in septicæmia, and a soluble ferment, organic but not organised, has been extracted from ammoniacal urine, and found to bring about a similar change in fresh urine without the presence of the bacterium which sets up the process under ordinary circumstances. These specific poisons, comparatively few of which of course are yet known, and whose very existence is therefore to a great extent hypothetical, we may assume to be disintegration products, formed by the splitting up of albuminous or other constituents of the body, just as alcohol is formed from sugar in ordinary fermentation. I think it is gradually becoming more and more an accepted truth that these poisons, though separable from living organisms, and capable of causing marked symptoms in their absence, are none the less formed only in the presence and by the activity of such organisms. One of the most important points yet awaiting complete settlement is, whether these pathogenic organisms can find admission to, and permeate the tissues without some preparation having been made. It seems certain that the healthy animal system is capable of offering resistance to the inroads of bacteria, so that they either find no admission, or, being admitted, are harmless. On the other hand, it seems also to be clearly proved that lowering of the vitality of the tissues has the effect of permitting bacteria to multiply and produce their characteristic effects, local and general. The largest amount of investigation has been carried on with the agents which cause septic poisoning in its various forms. Much valuable information about the results of recent experiments is contained in the *Lumleian Lectures on Inflammation*, delivered by Dr. Burdon Sanderson in the beginning of last year, and fully reported in the *British Medical Journal* at that time. The experiments of Chauveau, Kocher, and Wegner, there so carefully detailed, need not be repeated, but it may be said that they leave no room for

doubt on these two points—first, that the result of a local injury, when the part is guarded from direct access of any infecting matter, depends greatly on the presence or absence, or at least on the number of organisms in the fluids of the body, however introduced; and, second, that organisms may be present in the fluids and tissues of the body, and remain quite harmless, until some injury, lowering the vitality of the structures of some part, provides them with a suitable breeding ground, in which they can multiply and develop virulent properties. The question is, whether what has thus been shown to be true of the organisms concerned in the production of septic poisoning is also true of the bacteria presumed to be active agents in other diseases, and whether, even with reference to the former, other conditions of the general system can be produced, having the same effect as local injuries, due to the action of chemical or mechanical irritants.

It has long been known, as a result especially of the experiments of Prof. Panum, which have been fully confirmed by Burdon Sanderson and others, that septic poison, as contained for example in putrid blood, may be exposed to a temperature above the boiling point for a considerable time without entirely losing its virulence. When septic matter so treated, and certainly destitute of any living organisms, is injected into the circulation of an animal in sufficient quantity, it produces all the symptoms of general septicæmia. Of course, a much larger dose of the boiled than of the unboiled matter is needed. The difference has been most naturally ascribed to the circumstance that, in the former, there is simply an organic poison, which produces effects in direct proportion to its amount, but is incapable of multiplication in the system. In the case of the unboiled matter, there is not only this poison, but also the agents manufacturing it, which are capable, by themselves and their successors, of producing further quantities in the blood.

Some experiments made by Dr. J. A. Rosenberger are published in the *Centralblatt f. die Med. Wissenschaften*, No. 4, 1882, which bring out the very remarkable result that the blood of animals, into whose circulation septic matter heated for two hours to 140° C. (284° F.) had been injected, was equally infective with that of animals rendered septicæmic by the injection of unboiled matter. In both cases the blood swarmed with organisms, similar to those in the original putrid matter, and

proved virulent when inoculated or injected in quite insignificant amount, as Davaine first showed. As these organisms had not been introduced into the system along with the boiled matter, the precautions taken having been adequate security against that, the only reasonable supposition appears to be that organisms, previously present in the blood, and in themselves harmless, had, as a consequence of the presence of the poison, undergone transformation into the virulent specific form associated with true septicæmia.

Analogous experiments, followed by similar results, were made with the poison of the disease to which Koch has given the name of malignant oedema.

After carefully following Rosenberger's account of his experiments, it does not seem to me possible to escape from the conclusion that he has provided satisfactory evidence, in two distinct instances, of this transformation of widely-diffused and harmless bacteria into other specific and virulent forms. But, beyond this, the question is raised, whether the organisms by themselves are capable of acting primarily on the healthy animal system, or do so only secondarily, and when the soil has been made fit for their growth and activity by the previous or simultaneous introduction of the specific poison which they themselves produce. This seems to be something like the view now or recently held by Billroth, who admits the activity and specific character of the organisms present in different acute surgical diseases, but doubts whether these organisms, of themselves and primarily, bring about the morbid conditions, local and general.

The general result attained by Rosenberger, that the presence in the blood of a living animal of an organic poison causes the rapid development or multiplication in it of bacteria, was immediately confirmed by Prof. Rossbach, of Würzburg, in whose laboratory his investigations had been carried on. In the following number of the *Centralblatt* he reports that, when carrying on some investigations for the purpose of determining the properties and physiological effects of papayotin, he found that animals were quickly killed after that substance was injected into their veins. When the blood of such animals was examined microscopically immediately after death, it was found to swarm with micrococci. This accidental discovery led to the repetition of the experiments with all necessary precautions. A number of healthy rabbits were taken, their blood examined microscopically,

and found to be free from organisms, and then small quantities of papayotin injected, in freshly-prepared solution, into a vein. Generally death followed quickly, but even when no longer time than 50 minutes had elapsed, microscopic examination of the blood taken from the heart showed, in every drop, a large number of actively moving bacteria, of globular or biscuit shape. Not only, therefore, can an animal poison determine the rapid multiplication of bacteria in the blood, but the same effect may follow the introduction of a ferment of vegetable origin. Perhaps the most remarkable other point brought out by these experiments of Rossbach's is the amazing rapidity with which the multiplication of bacteria may go on under favourable circumstances.

But if it be true, or at least probable, with reference to the bacteria of septic poisoning in its various forms, that they need, for the carrying on of their functional activity, and for the full development of specific morbid conditions, some previous preparation of the system, some lowering of vitality, local or general, or some contamination of the circulating fluid, we are brought next to the question whether a similar preparation is needed in the case of the specific bacteria of other forms of infective disease. And here we are brought face to face with one of the most important questions in general pathology. Important it is, not only on scientific but on practical grounds, since on its solution will greatly depend the direction which must be taken by efforts for the prevention of many infectious, and especially of epidemic diseases.

I have already mentioned casually that Rosenberger found that the boiled infective poison of malignant œdema, when injected subcutaneously in rabbits, not only led to the production of the symptoms of that disease, but to the formation, or at least to the abundant presence, of the organisms peculiar to it in the swelling at and around the seat of injection. This disease has not hitherto been supposed to be communicable to human beings; but two cases, in which it occurred in patients in the clinique of Professor Frerichs, of Berlin, have been recently recorded. The circumstances have been fully investigated, and recorded in the *Berlin Klin. Wochenschrift* for October 30th, 1882, by the assistants, Profs. Brieger and Ehrlich, whose competence will not be disputed. The patients were admitted suffering from typhoid fever, and as very marked symptoms of collapse showed themselves, an attempt was made to obviate these by the subcutaneous injection first of

ether, and then of tincture of musk, the latter being used on account of the complaints of burning pain from the ether. Some improvement of the constitutional condition seemed to follow, at least in the first case, which is most fully recorded; but in the neighbourhood of the puncture made for the injection of the musk, in both cases, a dark spot was found next day, from which an oedematous swelling quickly spread over the whole thigh. Both patients died, apparently as a result of this new complication, and examination, both before and after death, showed clearly that they had been infected with malignant cedema. The proof was supplied not merely by the demonstration of the peculiar bacilli, fully investigated and described by Koch, but by the successful inoculation of rabbits and guinea pigs. Suspicion was, of course, turned to the tincture of musk, but the remainder of it had unfortunately been thrown away. However, the same tincture, with the same syringe, had been used for giving injections in other cases (puerperal fever, gall stones, cancer of the stomach, and aortic aneurism), without any bad effects having been noticed.

The interest of these cases is mainly in throwing further light on the question which I am here discussing—that interest being found specially in the fact that, to all appearance, the presence of the typhoid virus in the system had rendered the patients susceptible to the action of another virus, from which, under ordinary circumstances, they should have had complete immunity.

Here, then, we have a fair amount of concurrent evidence, and of a tolerably direct sort, of the specific organisms of disease needing, for their propagation and activity, preparation made by the previous introduction into the system of some ferment or virus, whether organised or simply organic.

That there is need of this preparation, producing a kind of special susceptibility, is and has long been held with reference to many diseases. To take Koch's recent discovery of the *bacillus tuberculosis* as an instance. That organism has certainly some share in the tuberculous process; but it seems also, judging from clinical observation and every-day experience, that unless there is some susceptibility in the way of hereditary tendency or local irritation, there is little if any risk, in the human subject at least, of the bacillus being able to find a lodgment.

There are other diseases, such as typhoid and cholera, which are so dependent for their spread on external conditions, such as soil, temperature, purity of air and water, that many hold them to

occur only when the specific virus meets with a prepared soil. Professor Naegeli went so far as to formulate the theory that, to bring about an attack of typhoid fever, there are needed, first, the action of some miasm, possibly of fungoid origin, lowering or in some other way modifying the state of the health, and then, and only then, secondly, the action of the specific typhoid virus, probably a living contagium, and lately stated to be a bacillus by Eberth and others. Of course, there must clearly be a limit to this way of explaining the action of one virus by the creation of a susceptibility to its action by means of another virus. In the case of a mere organic poison or inanimate ferment, no preparation can be supposed to be needed at all; and, in fact, there are some specific viruses, which may safely be assumed to be bacterial, which, according to experience, are capable of affecting all ages and classes of persons, all degrees of health, and under all possible external conditions. I refer, of course, to the common epidemic diseases—scarlatina, measles, whooping cough, and possibly others, though there are some which stand on a kind of border line, such as diphtheria.

This difference of diseases, in the matter of needing or not needing external conditions independently of direct contagion for their spread, was remarkably brought out by the investigations of Professor Fodor, of Buda-Pesth. I have to borrow from a review in *Schmidt's Jahrbücher*, No. 9, 1882, some figures from his work, "Hygienic Investigations on Air, Soil, and Water." He says that the well water of Buda-Pesth is excessively contaminated, and that, while a good many of the inhabitants use such water, others are supplied with filtered water from the Danube, which is much purer. Dividing the inhabitants accordingly, he found the deaths from cholera among those using well water were 50·7, as compared with 25 among those using filtered river water. The comparative rates for typhoid were 9·4 and 7·7, for enteritis 39·6 and 23, and curiously enough, for small-pox 15·3 and 11·6. For measles, scarlatina, diphtheria, &c., there was no perceptible difference. Of course it is open to any one to hold that the varying influence of water contamination, in the case of different diseases, is due simply to the likelihood of the water containing the actual specific virus, which has somehow got access to it. Fodor of course holds with Naegeli and others that non-specific miasmatic influences are alone conveyed from the soil and by means of water, and that the true specific viruses of typhoid and

of other zymotic diseases are conveyed otherwise, probably in many ways generally unknown. A distinction between two kinds of zymotic disease has often been made, into those namely whose virus is *entogenous*, formed only within the body in the course of disease, and *ectogenous*, that is to say capable of growth and development outside of the body. With the former class would be ranked scarlatina, measles, &c., and with the latter cholera, typhoid, and, even more strictly, the malarial fevers. Of course we do not know sufficiently the natural history of these specific viruses, to say with certainty that the entogenous have no habitat, and pass through no phase of development outside of the body; and some of the so-called ectogenous also multiply within the animal body. While, therefore, the distinction cannot perhaps be always rigidly carried out, the difference between the two classes of disease is very marked. The difference, in fact, corresponds with that above referred to, between diseases which depend greatly on favouring external conditions, and those which are due to contagion pure and simple. It is not a mere matter of words, but is of the utmost importance with reference to prevention. We may cope successfully with measles and its allies, solely by means of isolation and other measures for preventing the transmission of the contagium; but with the others, which depend greatly on miasmatic conditions and other influences which impair the health, we must have constant regard to these if our prophylactic efforts are to be effectual. It is thus that what to some may seem very recondite inquiries and speculations, prove to have a very practical side. From a true knowledge of causation alone can we expect to arrive at a scientific system of treatment, prophylactic or curative. So far, a rapidly increasing knowledge of the etiology of the zymotic diseases has served almost only as a guide in the former of these, but these services have undoubtedly been very great; and we may hope that help will also in time be given in the direction of curative methods.

A CASE OF SUPPURATING HYDATID OF THE LUNG—FREE INCISION—RECOVERY.*

By ISAIAH DE ZOUCHE, M.D., Q.U.I., M.R.C.S. Eng.

Honorary Physician to the Dunedin Hospital.

Florence W., aged 13½ years, admitted into the Dunedin Hospital 21st May. She was small for her age, but very intelligent. She was greatly wasted, and anæmic. At the first glance it looked like a case of phthisis; there was, however, not much, if any, clubbing of the fingers.

There was dulness in the right mammary line for six inches, and dulness over the lower half of right lung posteriorly; the line of dulness in front was altered by change of position. Respiration was deficient in the right lung, while it was loud (compensatory) in the left. There were copious sputa, frothy and semi-purulent. She said the spit had a bad smell as it came up. She told me she had been ill six weeks, and that she had a pain in the right side, pointing to the epigastrium. This was all the history I could obtain.

The diagnosis was empyema, but the cause of the empyema I had no means of ascertaining, as I did not see the child's mother, and the patient gave no further account of herself than that stated. Microscopic examination of the sputa showed only pus corpuscles, epithelium from the mouth, and long silicious-looking cells like diatoms. Such cells I have now found in about three specimens of purulent sputa from different patients.

On the 24th May I introduced a hypodermic needle into the pleural sac, in the seventh costal interspace, between the axillary lines, and drew off some stinking pus. Assisted by Dr. Batchelor, the patient having been anæsthetised by æther, I made an incision one and a half inches in length in the seventh interspace between the axillary lines—1st, through the skin; 2nd, external intercostals; 3rd, internal intercostals, and into the pleural sac. Some pus now welled out. The incision through the muscles was enlarged about half an inch, and a hydatid cyst as large as a cocoanut burst out. The carbolic spray was used.

At this stage the patient suffered from great distress of breathing, and purulent and bloody sputa were coughed up in large quantity. She was gasping for breath, and seemed in

* Read before the New Zealand Medical Association.

imminent danger of death. Under these circumstances, there was of course no attempt made to wash out the pleura.

A Greenhalgh's indiarubber intra-uterine stein was introduced, to serve as a drainage tube. Lint soaked in carbolised oil was applied as a dressing to the wound, and over this carbolised tow and a bandage. From the bloody sputa it was judged that the hydatid cyst had been in the lung, and that there was a hole through the lung communicating with the larger bronchi. Notwithstanding careful bandaging, air was freely inspired and expired through the wound, expiration especially by this route being very loud. Pulse an hour after the operation, 168.

2 p.m.—Pulse 162, respiration 48; no sputa whatever. Patient says she feels easier, having "no cough and no nasty spit."

10 p.m.—She was sleeping quietly; respiration 45; pulse not taken for fear of waking her.

25th May.—The evening temperature rose to 101.5°, and the pulse, which had been 150 in the morning, rose to 162. She had been restless during the night; wound not dressed or disturbed. Chloral hydrate, ten grains at night.

On the following day, 26th May, I washed out the pleura with a weak solution of iodine; the little finger could be introduced one inch into the cavity. The patient seemed fairly well, not suffering in any way. The evening temperature was 101.8°; after this the temperature became normal, and remained so.

She now began to ask for food—a sausage, for instance; and on 28th May asked to be allowed to sit by the fire in an arm-chair, a privilege which I thought it would be imprudent to grant.

I washed out the pleura with solution of iodine. She immediately began to cough, and coughed or vomited mucus so that I had to desist. She said there was such a taste of gas in her throat; it was the iodine solution passing through the hole in the lung.

On the following day she complained that the stuff used for her side, i.e., the carbolic acid, was coming up with the cough.

Again, on the 30th, I washed out the pleura; this time with a solution of permanganate of potash, and the same symptoms of distress occurred as before—she coughed up some of the solution. After this I ceased washing out the pleura.

She improved steadily from this time. There was at no time much discharge from the pleura, and never purulent. All the

pus seemed to have escaped with the cyst. The cavity in the lung began to fill up, for by the 7th June there was no air inspired or expired through the wound in the chest wall. She was now able to sit up at the fire every day. There was some cough and expectoration for a week or two more, but the sputa were no longer ill-smelling or tasting. The drainage tube was left out altogether on the fifty-second day from the operation. It might, I believe, have been dispensed with much sooner, but as it seemed to cause no irritation, I thought it safer to leave an exit for any secretion.

The wound now healed immediately, and the patient was discharged on the 29th July, having remained in hospital three weeks beyond the time at which she might have gone out, owing to the want of home accommodation.

The physical signs at this time were :—dulness over the lower half of the right lung posteriorly, respiration very fair, but, as might be expected, less of it than on left side. In front the respiration was good, and hepatic dulness in the mammary line was $4\frac{1}{4}$ inches.

Since the patient's discharge from hospital I have seen her frequently about the town. She looks plump and well. Her mother now tells me that the patient is a native of Victoria, and had only been in New Zealand about a year, and that her ill-health dated from some months back.

Medical Society of Victoria.

ANNUAL MEETING.

WEDNESDAY, JANUARY 10, 1883.

(Hall of the Society, 8 p.m.)

Present: Dr. Hewlett, Dr. Girdlestone, Dr. Graham, Dr. Jamieson, Dr. Meyer, Dr. Willis, Dr. J. Davies Thomas, Dr. Neild, Dr. Webb, Dr. Allen, Dr. Morrison, Dr. Griffith, Dr. James, Dr. Cutts, Dr. Bowen, Dr. James Robertson, Dr. Le Fevre, Dr. Gray, Dr. J. David Thomas, Dr. Moloney, Dr. Stirling, Dr. Dowling, Dr. T. N. Fitzgerald, Dr. Williams, Dr. Haig, Dr. Talbot, Dr. J. P. Ryan, Dr. C. S. Ryan, Dr. Stewart, Dr. Bernays, Dr. W. Barker, Dr. Balls-Headley,

Dr. A. G. Black, Dr. R. Robertson, Dr. Sparrow, Dr. Snowball, Dr. Turner, Dr. Rowan.

The President, Dr. Hewlett, occupied the chair.

Dr. Fitch and Dr. Morgan were present as visitors.

The minutes of the preceding meeting were read and confirmed.

NEW MEMBERS.

The following gentlemen were elected members of the Society : Mr. J. T. Brett, M.R.C.S., L.R.C.P., of Melbourne ; Mr. S. Brierley, L.R.C.P. et S. Ed., of Yarra Bend ; Mr. F. Cheetham, L. et L.M.R.C.P. Ed., of Sandridge ; Mr. J. McKenna, M.D. et Ch. M., Q.U.I., of Emerald Hill ; Mr. M. D. Murphy, L. et L.M.F.P.S.G., L.S.A., of Brunswick ; and Mr. R. B. Warren, F.R.C.S. I., L. et L.M.K.Q.C.P. I., of Brighton. Two gentlemen were nominated for election at the next monthly meeting.

PRESENTATION OF DEBENTURES.

The HON. SECRETARY announced that the President, Dr. Hewlett, had presented to the Society the Hall debentures which he held to the value of £25, on condition that half that sum should be transferred from the General to the Library Fund.

A vote of thanks was unanimously accorded to Dr. Hewlett for his generous donation.

NOTICE OF MOTION.

DR. ALLEN gave notice that at the next monthly meeting he would move that the Editors of the *Australian Medical Journal* be *ex officio* members of the Committee of the Society.

ANNUAL REPORT OF THE COMMITTEE.

The Hon. Secretary then read the Annual Report of the Committee, as follows :—

During the past year the Society has continued steadily to progress : several new members have been added to its ranks ; the papers contributed at the various meetings have been numerous and important, and gave rise in many cases to animated discussions of no little practical value. As in the previous year, much attention has been paid to pathology, and large numbers of morbid specimens have been submitted for inspection : collections of new drugs and instruments have also been exhibited from time to time, and have constituted a very interesting and useful feature

of our evening's proceedings. We can once more congratulate the Society on the utter absence of ethical troubles, and on the maintenance of friendly relations among our members.

During the year thirteen new members have been elected; one has resigned; one ordinary member has left the colony and has been transferred to the the list of correspondents; and finally it has been thought advisable to remove from our roll the names of thirteen gentlemen who for several years have abstained from paying the annual subscription. The total number at present on the roll is 179, of whom 157 are ordinary members, 9 corresponding, and 7 honorary.

Fourteen meetings of the Society have been held during the year, twelve ordinary and two special. Papers have been read as follows:—

By Dr. Girdlestone, "On a Case of Lithotrity: Bigelow's Operation."

Dr. J. P. Ryan, "Notes of a Case of Injury to the Skull."

Dr. Penfold, "Notes on Recent Cases of Typhoid Fever."

Dr. Snowball, "On a Case of Removal of the whole Os Calcis."

Dr. Balls-Headley, "On the Recent Case of Small-pox in Victoria."

Dr. Pincott, "Notes on a Case of Chyluria."

Dr. Willmott, "Notes of a Case of Obscure Abscess of the Hip-Joint in an Infant, with death from pressure on the common iliac veins."

Dr. J. P. Ryan, "Notes of a Case of Dislocation and Fracture of the Spine, with separation between the first and second pieces of the sternum."

Dr. Ford, "On the Antiseptic Treatment of Parasitic Diseases of the Chest in Man, and in the Lower Animals."

Dr. Stirling, "Notes on the Treatment of Asthma."

Dr. Willmott, "Notes of a Case of Encephaloid Sarcoma of the Neck."

Dr. Balls-Headley, "On the Treatment of the so-called Ulceration with Laceration of the Cervix Uteri by Emmet's Operation of Closure."

Exhibits have been submitted by Dr. Girdlestone, Dr. Allen, Dr. Bowen, Dr. Bernays, Dr. Snowball, Dr. Williams, Dr. Willmott, Dr. J. P. Ryan, Dr. Nicholson, and Dr. Pincott; and numbers of new instruments and drugs have also been brought under the notice of the Society.

The outbreak of small-pox at the beginning of the year naturally attracted the close attention of the Society; and it was at one of our meetings that the history of the earliest case in this colony was first scientifically set forth. The lengthy and warm discussions which followed must still be fully remembered.

In the early part of the year, your Committee met the Council of the Victorian Branch of the British Medical Association in conference concerning the inadequacy of the fees at present paid to medical men for their services in various medico-legal inquiries; it was agreed that some effort should be made to obtain a more satisfactory settlement of these matters, and accordingly it was resolved that a joint deputation should wait upon the Government. The Premier, however, was unwilling to enter upon the subject, and further action has been postponed.

The attention of the Pharmacy Board has also been directed to the irregular conduct of certain chemists in practising medicine and surgery, contrary to the spirit of the Pharmacy Act; but the wording of the Act is so unsatisfactory and its provisions so elastic that no legal remedy was forthcoming.

The Amending Medical Act has from time to time received attention, but it has hitherto been thought desirable to defer any attempt to secure its passage into law until progress has been made with the Imperial Amending Act, which has been for years under consideration of the Parliament and the General Medical Council of Great Britain.

Some advance has been made in the furnishing of the Hall; a large oak table has been purchased; and we hope shortly that funds will be forthcoming wherewith to provide more adequate accommodation for the increasing library. Several valuable donations are still in abeyance, owing to the want of proper provision for their reception and safe preservation. The question of the redemption or renewal of the Hall debentures, too, must shortly be the subject of serious consideration.

There have been twelve Meetings of the Committee during the year; the attendance of members has been as follows:—
Dr. Hewlett 9, Dr. James 1, Dr. Burke 2, Dr. Girdlestone 11, Dr. Allen 12, Dr. LeFevre 6, Dr. Bird 0, Dr. Gray 3, Dr. Moloney 6, Dr. James Robertson 5, Dr. J. P. Ryan 9, Dr. Williams 7, Dr. Bowen 1, Dr. Cutts 0, Dr. Graham 2.

The report was adopted unanimously on the motion of Dr. R. Robertson, seconded by Dr. Balls-Headley.

TREASURER'S REPORT.

The HON. TREASURER, Dr. Girdlestone, then submitted the following Annual Report:—

The Treasurer in account with the Medical Society of Victoria.

For the year ending December 31st, 1882.

<i>Dr.</i>				£	s.	d.
To Balance from 1881 .. ..	..	..	..	55	17	7
„ 79 Annual Subscriptions (1882) .. ..	..	..	..	82	19	0
„ Arrears of Subscriptions .. ..	..	..	..	42	0	0
„ Entrance Fees .. ..	..	..	..	4	4	0
„ Collection on country cheques .. ..	..	..	..	0	3	0
				£185	3	7
<i>Cr.</i>				£	s.	d.
By Interest on Debentures .. ..	..	..	..	76	4	0
„ Stillwell—Printing .. ..	..	..	..	27	5	0
„ Geo. Robertson—Books .. ..	..	..	..	5	6	0
„ Salary to Caretaker .. ..	..	..	..	10	0	0
„ Fee for Government Grant .. ..	..	..	..	2	0	0
„ Postage .. ..	..	..	..	1	16	0
„ Gas .. ..	..	..	..	2	15	11½
„ Collection on country cheques .. ..	..	..	..	0	10	6
„ Rates—Water, Town, Lighting .. ..	..	..	..	5	16	8
„ Sydenham Society, Subscription 1882 .. ..	..	..	..	1	6	0
„ Repairs .. ..	..	..	..	0	5	3
„ Balance.. ..	..	..	..	51	18	2½
				£185	3	7

Audited and found correct.

T. M. GIRDLESTONE,

Treasurer.

WILLIAM HAIG,

W. BARKER,

} *Auditors.*

Treasurer's Account—furnishing fund.

Balance in hand	January 5, 1882	..	..	£17	17	0
January	11.	Dr. Bowen	..	..	1	1 0
		Dr. LeFevre	..	..	1	1 0
	13.	Dr. Fetherston	..	..	1	10 0
February	1.	Dr. Haig	..	..	2	2 0
	23.	Dr. Hewlett	..	..	3	0 0
		Dr. Allen	..	..	1	1 0
March	1.	Baron Von Mueller	..	..	1	1 0
April	27.	Dr. Moloney	..	..	1	1 0
		Dr. James Robertson	..	..	1	1 0
May	3.	Dr. Turner	..	..	1	0 0
Jan. 3, 1883.		Dr. Webb	..	..	0	9 0
					£32	4 0

Dr. GIRDLESTONE remarked that it was desirable that the Hon. Treasurer should be relieved of all connection with the Hall debentures, and that the payment of interest on the debentures should be placed in charge of another officer. It would divide and thus lighten the labour, and would simplify the financial working of the Society. At present, when interest is owing to members, and subscriptions owing by them, there is some difficulty in obtaining a settlement, and hence the books of the Society were apt to get into confusion. Members formerly most punctual in paying their subscriptions now let them go into arrear if debenture money is owing to them. All this would be prevented if a distinct interest fund were created in control of a separate officer. During the year Dr. Rowan and Dr. Ralph had made a free gift of their debentures to the Society, and now the President had handed over those standing in his name. Thus year by year the amount of debt upon the building was gradually decreasing. At present there was a balance of nearly £52 to the credit of the Society, besides the sum of £32 appertaining to the Furnishing Fund. From the latter, however, must be deducted the price of the oak table just purchased. Altogether the finances of the Society were in a very prosperous condition.

The report of the HON. TREASURER was then adopted, on the motion of Dr. C. S. Ryan, seconded by Mr. James.

LIBRARIAN'S REPORT.

The Hon. Librarian, Dr. Le Fevre, then submitted the following report:—

During the year we have received some valuable additions to the library, amongst which are Charcôt on Diseases of the Nervous System, Charcôt's Lectures on Senile Diseases, Colles' Works by M'Donnell, Billroth's Clinical Surgery, Stokes on Diseases of the Chest, New Sydenham Society's Atlas of Pathology, New Syd. Society's Lexicon of Medicine and Allied Sciences.

The following donations have been received:—From Dr. Youl, a set of the Medico-Chirurgical Society's Reports; from Baron von Mueller, Atlas of Eucalypts of Australia, also the *Detroit Lancet* for 1882; Smithsonian Institute's Report; Victorian Year Book, from Government Statist; Transactions of the Royal Society; Transactions of the National Association for the Promotion of Social Science.

I am pleased to be able to report that in consequence of the improved condition of the finances, we are again receiving the various medical journals, &c., which had been discontinued in the two previous years.

As the accommodation for storage of books is inadequate, the Committee have decided to have a new book-case in the central recess of the western wall, and the needful steps are now being taken. As this will necessitate considerable outlay, the Treasurer will be glad to receive further subscriptions towards the Furnishing Fund.

In conclusion, I would impress on the members the importance of entering in the Library Register the names of any volumes borrowed, as much inconvenience and trouble is saved thereby.

GEO. LEFEVRE, M.D.

The report of the Hon. Librarian was then adopted, on the motion of Dr. Allen seconded by Dr. James, and a vote of thanks was accorded to the retiring Librarian for his services during the year.

ELECTION OF OFFICE-BEARERS FOR THE YEAR 1883.

A ballot was then held for the election of the office-bearers of the Society and editors of the *Australian Medical Journal* for the year 1883. Dr. Bowen and Dr. Graham acted as scrutineers, and the following was the result of the election :

President.—Dr. James.

Vice-Presidents.—Dr. Burke and Dr. Pincott.

Hon. Treasurer.—Dr. Girdlestone.

Hon. Secretary.—Dr. Allen.

Hon. Librarian.—Dr. Webb.

Committee.—Dr. Gray, Dr. Moloney, Dr. Neild, Dr. James Robertson, Dr. J. P. Ryan, Dr. Williams.

Auditors.—Dr. W. Barker and Dr. Haig.

Editors of the "Australian Medical Journal."—Dr. Allen, Dr. Jamieson, Dr. Moloney.

The President, Hon Treasurer, Secretary, and the Editors of the *Australian Medical Journal* were elected without opposition.

The Trustees of the Society, Dr. Bowen, Dr. Cutts and Dr. Graham, are *ex officio* members of the Committee.

INDUCTION OF PRESIDENT FOR 1883.

Dr. HEWLETT, in vacating the chair, thanked the members for the kind support they had at all times given to him ; and especially was he grateful to the Hon. Secretary for his constant assistance. He then introduced his successor Dr. James.

Dr. JAMES, in taking the chair, said that he was deeply sensible of the honour conferred upon him, and of the responsibility he was now accepting. He had always taken a deep interest in the welfare of the Society, and could only trust that his year of office would be as prosperous and end as happily as that of his predecessor.

ANNUAL ADDRESS.

The retiring President, Dr. Hewlett then read the following address :—

GENTLEMEN,

In vacating the Chair to which you did the honour to elect me last year, permit me to congratulate the Members on the eminently healthy condition of the Medical Society, on the general harmonious feeling which exists, and the entire absence of those professional and ethical troubles that did so much, a few years ago, to mar the concord of our meetings.

We have elected thirteen new Members ; one, Dr. Garrard, has resigned ; one, Dr. Thomas, late of Egerton, has removed from the Colony to settle in New Zealand ; he still continues his connection with the Society, having elected to be made a corresponding member ; and thirteen names have been removed from the rolls on account of non-payment of subscriptions, a step long considered necessary, and one that was most desirable to take. I am happy to say death has not diminished our numbers.

Several very interesting papers have been read during the year, amongst which I would enumerate Dr. Girdlestone's Case of Bigelow's Operation of Litholapaxy, or Removal of Vesical Stone by Crushing and Suction ; Dr. Penfold's Notes on Typhoid ; Dr. Snowball's Removal of the Os Calcis ; Dr. Pincott's Case of Chyluria ; Dr. Balls-Headley's papers on Small-pox in Victoria and on Emmet's Operation for Ruptured Cervix Uteri ; and Dr. Ford's Antiseptic Treatment of Diseases of the Chest. These are merely a selection from a larger number that I might name. I must, however, draw special attention to the number of valuable pathological specimens that have been shown, the principal exhibitor of which, Dr. Allen, deserves the highest

commendation for the care he has exercised in selecting and preparing his specimens ; and I am sure you will agree with me that we owe him our sincerest thanks for the readiness with which he has always explained their histological peculiarities, and the influence such morbid structures have on the general economy. The thanks of the Society are due also to those instrument makers and druggists who have from time to time exhibited the most recent European surgical improvements and pharmaceutical preparations that pass through their hands.

In our local medical politics the past year has been rather a quiet one, although some incidents have occurred that call for a passing notice at my hands. Amongst these I would first particularise the discussion that took place in connection with the holding of post-mortem examinations on the bodies of patients who have died in charitable institutions subsidised by the public funds. It may be remembered that this question arose in consequence of an autopsy having been made at the request of one of the professional staff attached to the Melbourne Hospital without the consent of the deceased's relatives having been previously obtained. This led to the opening up of the subject of the rights of those seeking gratuitous advice in public charities, and the powers of the controlling bodies.

With reference to this dispute, it should be borne in mind that one of the objects for which hospitals exist is an educational one ; that the wards, and especially the dead-house, afford opportunities for medical research that can be obtained nowhere else ; and that to have physicians and surgeons skilled in their art, diseased structures must be thoroughly examined after death. No information derived from books can compensate for lack of the practical knowledge thus obtained. Where a large medical school is also associated with a hospital, the absolute necessity for relieving pathological work from unnecessary restrictions must be obvious to every unprejudiced mind. Nor do the staff and the students alone benefit by such a course, for the regular performance of post-mortem examinations in a scientific manner is a pledge that the patients in the wards are not neglected. At home this question—the right of friends to interfere with the pathologist—at one time caused considerable difficulty ; so much so, that I understand it is now a common practice in hospitals to let it be clearly understood by those seeking its benefits that, in the event of death, the attendant

medical man has the power to follow his examination into the mortuary, a notification to this effect being sometimes posted in the entrance hall of the institution. However, I speak on behalf of scientific freedom, and not of license; and though the objections raised to pathological investigations are largely based on ignorance of their nature and method, and sometimes on mere caprice, yet I would not willingly see the expressed wishes of relatives disregarded; and here the display of tact and good feeling on the part of the medical attendant is seldom without effect.

The sanitary condition of the Melbourne Hospital has again been brought prominently into notice through the charges levied against it by Dr. Youl, the City Coroner, in connection with a death from erysipelas contracted within the walls of that institution. The extent of the evil pointed out by Dr. Youl was by many considered chimerical, or at least greatly exaggerated, and the statements were combatted with considerable warmth not only by the board of management, but by various members of the medical profession. He described the walls of the hospital as "saturated with erysipelas and pyæmia," and the institution as unfit for the lodgment of surgical cases. The opponents of the Coroner, on the other hand, contended that every possible precaution, such as the isolation of affected patients, was always taken to prevent the spread of the contagious disorders, which were not more rampant nor more virulent than in similar institutions elsewhere. These charges and replies were discussed in several sittings by the committee, who in their deliberations were assisted by the professional staff, nearly every one of whom gave evidence on the subject. Unfortunately, all this stir ended as usual in what? Nothing. Certainly instructions were issued by the committee that the medical officers be requested to adopt Listerism when practicable, and be more persistent in the use of antiseptics than they had hitherto been; but that was all. After these edicts had been delivered, the authorities seem to have been impressed with the notion that they had done their duty, their whole duty, and nothing but their duty; and that for the future allegations such as those levied by the Coroner had better be encountered silently, if possible; otherwise, by evasion or emphatic denial. My own opinion is (and at the time I followed the discussions as closely as possible) that the remarks of Dr. Youl, so far from being exaggerated, were very just and well

merited, and that his action in the matter will be of incalculable benefit to the community. It is to be regretted that when these sanitary defects were pointed out the committee took up an attitude hostile towards the Coroner, and attempted to show that their management was incapable of improvement, rather than grapple with a palpable evil. The medical staff, too, seemed to me to exhibit a lamentable apathy on a subject so vital to the well-being of hospitals. They allowed the ebullition to subside into a question of the use of antiseptics, whereas I think it would have been wiser to have inculcated that prevention is better than cure, and to have availed themselves of the agitation to direct the public attention towards the desirability of founding a new hospital in a suitable position.

Since the present building was first erected the city and suburbs have increased enormously. Sanitary science, scarcely entertained as a serious subject before the outbreak of the Crimean war, has made vast strides, and the whole method of hospital management and construction has been completely revolutionized. The existing institution has served its purpose, but it is no longer capable of meeting the demands made upon it. Its position, enclosed as it is by other buildings, and in the neighbourhood of so many dirty slums, is insanitary, and on account of its circumscribed area, the offices, outhouses, lavatory and mortuary are not only insufficient but are in dangerous proximity to the injured and those suffering from open wounds. Some of the wards are too large, some too low, and moreover they are not constructed according to plans suggested by modern hygienists; nor can the beds be added to in number to keep pace with the ever-growing needs of a metropolis whose population is daily increasing as means of communication become more centralised. Under these circumstances my firm opinion is that the time has now come when an effort should be made by the profession and especially by the Society to stimulate the Hospital Committee, the City and Borough Corporations, and the public into recognising the necessity of reconstructing the building and changing the site of the present infirmary. The advisability of managing the institution, as is usual and has been found to work so well in London, by an open, in the place of an elected committee, could then be considered. A better means of choosing the professional staff might then surely be devised, in place of the undignified quadrennial scramble that now takes place. The number and duties of the assistant staff require alteration, in

fact it would fill up too much space to detail the various changes and improvements which appear to me to be required to bring the working of our central charity up to the level of modern requirements, and which changes can be only effected under a new and more wholesome roof.

The advantages of the compulsory clauses of the Vaccination Act have been fully displayed during the term of my presidency. It will be within the recollection of every one that a serious outbreak of small-pox scared the inhabitants of Sydney at the commencement of this year, and it was with the utmost difficulty that the epidemic was stayed, and even then not without the sacrifice of several lives. In New South Wales, if there is a Vaccination Act, it does not compel every individual born in the Colony to be inoculated with vaccine matter; consequently, when the disease appeared it quickly obtained a hold, and at once caused a comparatively large mortality. It was not until the fears of the inhabitants were aroused that they had recourse to voluntary vaccination. With us, however, the wisdom of our preventive laws were clearly exhibited by the ease with which, by simple isolation, the disease was hindered from spreading. Great credit is due to the Government, as represented by the Board of Health, for the energy they displayed in quarantining the centres of outbreak and providing efficient medical control. I am confident that had there been at this juncture any supineness on the part of the authorities, any defective organisation or uncertainty as to the law, the result would have been most disastrous to the community. The nature of some of the sporadic cases was disputed by the public, and within the walls of this building. The evidence given seemed to me to point to their being true "variola;" still at the same time I recognise that chicken-pox is frequently very severe, even malignant, and that it by no means necessarily runs the simple course laid out for it in the text books. Nevertheless, as there was abundant room for diversity of opinion (certainly in two of the instances, namely, the one that occurred in Swanston Street and the other at Hamilton) there can be no question that the quarantine restrictions were wisely enforced, even though they may have entailed hardship and pecuniary loss on the individuals immediately concerned.

Whilst speaking of quarantine in relation to human beings, I would like to draw attention to the necessity of extending the same principles to dogs imported from the old country. Hydro-

phobia is now known to be a disease that can only be communicated by direct contact with an animal suffering from rabies, and that dogs always take it by being bitten by affected animals of their own species. Rabies, or true hydrophobia, never occurs in consequence of heat alone, as was formerly the universal impression, and its term of incubation is ascertained to be from 40 to 45 days. As the passage from Europe is now accomplished under that period, and as dogs are largely imported from home, there is to my mind a very great risk that our canine friends may possibly introduce this disease into our midst. Other domestic creatures—horses, oxen, sheep, pigs—are quarantined or disinfected, and dogs too should certainly be subject to the same supervision on importation. If hydrophobia were once permitted to enter this country, the consequences would be lamentable in the extreme, not only to animals of all descriptions, but also to men. In a matter so urgent as this I would suggest that the Society should take action to bring the subject before the public and the legislature.

Before leaving local topics, I think it right to make reference to the rapid growth of our University, and especially of the Medical School. The first medical students, four in number, presented themselves in the year 1862, while now there are about a hundred and eighty actually attending lectures. At the last examinations thirteen candidates graduated in medicine, eleven others being referred again to their studies. The University has not been blind to the consequent necessity for increasing the number of teachers, and during the past year the number of professors has been doubled, a step the most important that has been taken since the establishment of the University. Our secretary, Dr. Allen, has been appointed Professor of Anatomy and Pathology, and another of our members, Dr. Kirkland, after long service as lecturer, has now been appointed Professor of Chemistry. The other chairs just created include Natural Philosophy, Modern Languages, and Engineering, and I trust and believe that the new professors will discharge their duties as satisfactorily as those who made the reputation of our University in the commencement of its career. Our Society is peculiarly tied to the Medical School. Our roll of members includes every teacher in the school, without exception, and our ranks are constantly being recruited by the new graduates who are entering the profession. It is, therefore, with the more pleasure that we

watch the growth of the School and the steady improvement in the system of training there adopted.

It is not my intention to refer to the advances Medical Science has made outside our own border during the past year, or to the various improvements and appliances that have been brought into use for facilitating or perfecting surgical art. These matters are doubtless as familiar to you as to myself. There is however one subject of particular interest to which I desire to allude, namely, the Ambulance system that is coming so much into vogue in connection with Hospitals in the midst of English speaking communities. The use of Ambulances was initiated by Dr. Benjamin Howard, the well-known elaborator of the plan for restoring the apparently asphyxiated, that bears his name. As soon as the subject was fairly mooted the suggestion was warmly taken up by the leading men and philanthropists in England; it was at once seen to be eminently suited for the purpose intended. The chief feature of Dr. Howard's Ambulance System is that it provides properly constructed wheeled carriages, in lieu of the common stretcher and wheelbarrow that rather serve to the unfortunate victims of accidents as instruments of torture than of comfort. A full description, accompanied with diagrams of those vehicles, is given in the *Lancet* of February 4th last, and by referring to the issue in question, you see how admirably adapted those carriages are for ease and celerity of movement. The Ambulance System, as carried out in large cities, especially those of the United States, provides that these waggons be stationed in suitable localities, such as in the neighbourhood of railway stations, busy thoroughfares, or large manufacturing centres; they are either in charge of a local corps, similar to the fire brigade, or under the direction of the police, or standing with a horse ready harnessed in the court-yards of the different hospitals. The development of the telephonic system of communication enables a notice to be sent to the nearest station, and the Ambulance arrives with a quickness that is surprising. The promptness of the relief thus afforded, irrespective of the pain saved in the transmission, must often be the means of saving life and limb that otherwise would certainly be jeopardised. The cost of these vehicles—combining not only a wheeled carriage and a portable couch, but a portable surgery—is insignificant, a matter of some 60 to 80 guineas at the outside. The delay in movement is reduced to a minimum, because the internal arrangements are so

contrived that the patient can be in a measure treated on the way to his house, or to the Hospital. This is done by a Medical man picked up *en route*, or by the caretaker who has supervision of the Ambulance. The use of the Ambulance in our own Metropolis would meet the objection so often raised when the proposal is made for moving the Melbourne Hospital to a suburban and more suitable site than it now occupies. It would do away with the necessity of establishing, as has been proposed, local depôts for the reception of the injured, as adjuncts to a central hospital. In country districts these ambulances would be particularly useful if kept in the vicinity of mines, saw-mills, and the like, the *employés* of which I am sure would be only too willing to act as a local corps, and subject themselves to the drill and instruction necessary to fit them for serving in that humane capacity. As the vehicle could be used as a means of transport, not only in our streets and bush roads, but over the State railways, the necessity for the existence of the minor and too numerous hospitals that are to be found in the old and almost deserted goldfields would be removed, and effect no little saving to the taxpayer. In infectious diseases too these ambulances would be found very valuable, as they can afford the necessary isolation without subjecting the occupant to such hardships and exposure as has recently been the subject of a Commission. It is apparent how much safer it would be to the public health if typhoid and scarlet fever cases were conveyed in ambulance vehicles set apart for that purpose rather than in the ordinary waggonettes that have to be called into requisition, a means of spreading a contagium the whole community is interested in suppressing. As it is my intention shortly to pay a visit to the old country, I trust to have the pleasure at no distant date of giving you the result of my personal observation on the working of the ambulance in some of the cities I purpose visiting. Still, I hope that long before my return a society similar to the one I learn is doing so much good at home will have been inaugurated here, and that at least two of Dr. Howard's cars will be running in the streets of Melbourne.

The PRESIDENT, Dr. JAMES, then proposed a vote of thanks to Dr. Hewlett for his admirable address; the vote was carried by acclamation, and briefly acknowledged by Dr. Hewlett.

EXHIBIT OF *TÆNIA ECHINOCOCCUS*.

Dr. J. DAVIES THOMAS, of Adelaide, then exhibited under the microscope specimens of the adult tapeworm, *tænia echinococcus*, from which the hydatids so common in these colonies are derived. The worms were obtained from the small intestines of dogs in South Australia. In several districts of that colony Dr. Thomas has recently found forty per cent. of the stray dogs infested with these dangerous parasites. He had hoped to be able to exhibit specimens obtained from dogs in Melbourne, but hitherto dogs had not been forthcoming for examination. The specimens were then inspected with great interest by a large number of members.

EXHIBITS OF DRUGS.

Large collections of new drugs forwarded by Messrs. Warner and Co., and Messrs. Burroughs, Wellcome and Co. were then examined, and were distributed among the members for trial.

ROLL OF MEMBERS.

The following is the roll of members up to the present date. The names distinguished by an asterisk are those who have been Presidents :

- A'Beckett, William Goldsmid, M.R.C.S. Eng., L.S.A. Lond.
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Alsop, Thomas Osmond Fabian, M.B. et Ch. M. et L.M. Ed.,
M.R.C.S. Eng.
Annand, George, M.D. et Ch. B. Melb., M.R.C.S. Eng., L. et
L.M.R.C.P. et S. Ed.
Armstrong, William, M.D. et Ch. B. Melb.
Backhouse, John Burder, M.B. et Ch. B. Melb.
Balls-Headley, Walter, M.D. et Ch. M. Cant., M.R.C.P. Lond.
*Barker, Edward, M.D. Melb., F.R.C.S. Eng.
Barker, William, M.R.C.S. Eng.
Barrett, James, M.D. Syd., M.R.C.S. Eng., L.S.A. Lond.
Barton, Frederick, M.R.C.S. Eng., L.S.A. Lond.
Bennie, Peter Bruce, M.A., M.B., et Ch. B. Melb.
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*Bird, Samuel Dougan, M.D. St. A. et Melb., L.R.C.P. Lond.,
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Black, Archibald Grant, M.B. et Ch. M. Glas.
*Bowen, Thomas Aubrey, L.K. et Q.C.P.I., M.R.C.S. Eng.

- Brett, John Talbot, M.R.C.S. Eng., L.R.C.P. Lond.
Brierley, Samuel, L.R.C.P. et S. Ed.
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Campbell, James, M.D. et Ch. M. McGill. Univ. Montreal.
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 et Mid. Brux.
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 *Motherwell, James Bridgeham, M.D. Glas. et Melb., L.R.C.S.I.
 Murphy, Michael Dominick, L. et L.M. F.P.S.G., L.S.A.
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 Noyes, Alfred William Finch, M.R.C.S. Eng.
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 O'Sullivan, Michael Ulich, L. et L.M.R.C.P. et S. Ed.
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 Lond.
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Hospital Reports.

MELBOURNE HOSPITAL.

Three Cases of Excision of Portions of the Small Intestine.

Under the care of Mr. T. N. FITZGERALD.

Reported by JAMES W. BARRETT, M.B., Ch.B.

Resident Surgeon.

- (1) *Excision Undertaken for Strangulated Inguinal Hernia.—Death in 67 hours.—Union almost complete.*

G.S.M., æt. 55, admitted July 18, 1879. Ten days before he was admitted the patient "strained himself" whilst at work, and seven days after this had his attention drawn to a hard lump which had suddenly appeared in the right groin by the severe pain it was causing.

He left his work at noon, and at three o'clock began to vomit bilious matter. The vomiting continued, and the next day the ejected matter began to smell very badly. He remained in a very

distressed condition till admission, suffering great pain, being unable to sleep, and being, in addition, obstinately constipated. When admitted, he was suffering from the symptoms previously described, and was already showing some signs of collapse. He had a small hard tumor apparently over or in the right inguinal canal, which was intensely painful and tender. He was soon after his admission anæsthetized, first with chloroform, and then with ether, and at once operated upon by Mr. Fitzgerald, who made an incision of the ordinary length over the tumor, in the direction of the axis of the canal, and divided the various structures on a director until he reached the sac of the tumor, which then proved to be a strangulated inguinal hernia. The sac was opened, but contained no fluid, simply a small knuckle of intestine which had been strangulated, and which was now gangrenous and pultaceous. The constriction, which was at the internal ring, was now freely divided, and the gangrenous portion of the bowel, with a V shaped piece of the mesentery, was completely excised, hæmorrhage being checked by the previous application to the neighbouring mesenteric vessels of carbolized catgut ligatures. The cut edges of the intestine were now sewn together by similar ligatures, the mucous surfaces being invaginated, and the peritoneal being brought in contact with each other. All hæmorrhage having been checked, the bowel was returned; the wound was closed with deep harelip pins (which brought the parietal surfaces of peritoneum into apposition), and with superficial hair sutures, and a firm pad was then applied.

The whole operation was conducted with modified antiseptic precautions, and antiseptic dressings were firmly applied. He was put back to bed and ordered

Supposit Morph. et Bellad.

and afterwards

Rx Pulv. Opii, gr. j
Acid Carbol. gr. ½
Ft. pil. o.h.s.

8 p.m. No vomiting or pain; temp. 98.3°, pulse 100, tongue rather dry. Given a little ice by the mouth, with brandy and beef juice by enema.

July 19th, 1879. Passed a quiet night. Has passed water. As he had slight tenesmus, a little opium was added to the enemata. The pill was now changed to

Rx Pulv. Opii, gr. j.
Ext. Bellad. r. ½.
Acid Carbol. gr. ½.
Ft. pil. o.h.s.

The directions as to giving the pill every hour were of course only carried out as long as the patient was awake.

8 p.m. Rather delirious. Ext. belladonnæ discontinued.

July 20th, 1879.—Pulse 126, compressible, no pain. Passed a fair night; tongue dry and brown; face sweating profusely; pupils contracted to a pin point. Given atropine gr. $\frac{1}{100}$ hypodermically.

3 p.m.—Another $\frac{1}{100}$ gr. of atropine given hypodermically. Has been delirious, and is now comatose. Tympany. Pulse 156. Ordered

Tr. Nucis Vom. ℥ xv.

Aq. 3j. statim sumend.

8.30.—Much better; quite conscious. He however sank and died exhausted at 9.30 a.m. on the following day.

The following abridged report of the autopsy has been furnished by Professor Allen:—When the abdomen was opened the peritoneal surface of the intestines was found generally injected, with deep redness along the lines of contact between the different coils. There was no fluid in the peritoneal cavity, and no general adhesion between the folds of the gut. The affected coil lay immediately beneath the internal abdominal ring; it was lightly glued by recent lymph into short folds, and was softly adherent to the ring and to the portions of bowel immediately adjacent. On separating the effused lymph a small collection of pus, measuring about a drachm, was seen lying against the mesenteric corner of the incision in the intestine. The gut was then opened carefully, and union between the divided serous coats was found perfect except at the extreme mesenteric border; the edges of the mucous membrane were slightly inverted, but not united. The affected portion of bowel ran a very tortuous course, owing to the adhesions, and fluid passed but slowly along it, even when a considerable stream was allowed to run in. The strangulation occurred originally in the ileum, about six feet above the valve.

(2) *Gunshot Wound—Excision of a Portion of Jejunum ten inches long; Death in 123 hours—Perfect Union of the Resected Ends of the Intestine.*

William B., æt. 20, admitted February 9th, 1882. The unfortunate patient, on the day of admission, deliberately shot himself with an ordinary shot-gun, the charge entering his abdomen, causing a large lacerated wound in it. When

admitted, his condition was rather good, and his pulse fairly strong, and though suffering much mental emotion, he showed no signs of collapse. On the right side of the abdomen, about the umbilical or right lumbar region, was a wound of ragged appearance, much scorched with powder, and about $3\frac{1}{2}$ inches long, extending in a vertical direction, and through this protruded a portion of the small intestine, which, though uninjured, was of purplish red colour, and much distended.

He was admitted about two o'clock, and was at once placed under the influence first of chloroform, and then of ether, and operated on by Mr. Fitzgerald, who proceeded to enlarge the wound upwards and downwards, and to search for the charge of shot. When he did so he discovered that a portion of the jejunum, about ten inches long, was completely riddled with shot, and he therefore, after securing the mesenteric vessels, completely excised this piece, and cut a V shaped piece out of the mesentery, taking great care in cutting that the edges should be clean and sharply defined. All hæmorrhage was at this stage controlled by ligature or torsion, principally the former.

At the former operation he did not tie the cut edges of the mesentery together, and the cut edges of intestine did not unite at their mesenteric attachment, so he now ligatured the edges of the mesentery together as far as their attachment to the bowel. Then the cut edges of the bowel were next sewn together with a continuous fine catgut suture, the stitch used being the herring-bone one (like that made by a sewing machine, only crossing from side to side between each stitch). The result of course was that the peritoneal surfaces were inverted and placed in contact with one another. When this had been finished, the peritoneal cavity was thoroughly washed out with carbolic lotion (1 in 300) of a temperature of 107° F. And as many of the shot, and possibly pieces of clothing, had travelled deeply in the direction of the kidney, a dependent opening was made from the peritoneal cavity through the outside skin in that situation, i.e., near the right supra-renal capsule, and a drainage tube was passed through. The external wound was now closed as far as its ragged edges permitted by deep hare-lip pins, which brought the surfaces of peritoneum into contact, and by more superficial hair sutures. The whole operation was performed with strict Listerian precautions, and antiseptic dressings and bandages were applied. The ligatures used during the operation

were mostly fine carbolized catgut. At the close of the operation, which lasted about an hour, there was great danger of everything being torn open, as the patient vomited considerably. He was at once put back to bed in a dark ward and given morphia acet. gr. j., hypodermically. Between this time and midnight he slept a little, but was rather restless on the whole; his skin was cool and his pulse not much excited, and as he was very thirsty, he was given a little ice by the mouth, nothing else being allowed. He got acetate of morphia, hypodermically, as follows.

After the operation	-	-	gr. j.
5 p.m.	-	-	gr. $\frac{1}{2}$
6 p.m.	-	-	gr. $\frac{1}{2}$
8.30 p.m.	-	-	gr. $\frac{1}{2}$
10 p.m.	-	-	gr. $\frac{1}{4}$
			<hr/>
			grs. $2\frac{3}{4}$

February 10, 1882.—8.30 a.m. Has passed a rather restless night; has been perfectly conscious since the operation; has not vomited; very thirsty, so still getting iced water.

4 p.m. Wounds dressed with antiseptic precautions; dependent opening washed out with carbolic lotion; tube removed and cleansed; from this wound great discharge of blood and watery fluid. Temperature has not risen; pulse rather feeble; no vomiting.

7.30 p.m. Passed a large semi-solid motion, which was rather offensive. About $\frac{3}{4}$ pint of urine drawn off with catheter; still given ice by mouth. The administration of enemata of brandy and egg, the dose of brandy varying from 3 ss. to 3 i., was begun this morning, and was continued at intervals of from 1 to 4 hours, as occasion necessitated. So far nothing but iced water was given by the mouth.

February 10, 1882.—Morphia acet. given hypodermically.

1 a.m.	-	-	gr. $\frac{1}{2}$
4 a.m.	-	-	gr. $\frac{3}{4}$
9 a.m.	-	-	gr. $\frac{1}{2}$
7.30 p.m.	-	-	gr. $\frac{1}{2}$
9 p.m.	-	-	gr. $\frac{1}{10}$
12 midnight	-	-	gr. $\frac{1}{10}$
			<hr/>
			grs. $1\frac{1}{10}$

February 11, 1882.—3 a.m. No appreciable alteration, except that he is a little weaker. Temperature normal.

10 a.m. Wounds dressed antiseptically. Dependent opening washed out with warm carbolic water ; a few sloughs came away. Drain tube cleansed and antiseptics applied.

4 p.m. Temperature slightly raised ; pulse more rapid than before ; has passed his urine voluntarily.

7.15 p.m. Pulse soft, 120 ; skin cool ; quite easy and comfortable ; has had another motion.

11.30 p.m. As he has again retention of urine, urine drawn off with catheter, high coloured and ammoniacal ; now given a little brandy and water by mouth, this being the first material he has taken by the mouth, with the exception of ice, since the operation.

February 11, 1882.—Hypodermics of morphia acet. given.

7 a.m.	-	-	gr. $\frac{1}{4}$
10 a.m.	-	-	gr. $\frac{1}{4}$
12.30 p.m.	-	-	gr. $\frac{1}{4}$
4 p.m.	-	-	gr. $\frac{1}{4}$
7.15 p.m.	-	-	gr. $\frac{1}{4}$

$1\frac{1}{2}$

February 12, 1882.—4 a.m. Patient low. Pulse 126, intermittent.

12.45 p.m. Wounds dressed antiseptically, sloughs separating, smell offensive. Pulse 132, temp. 99.2°. Abdominal distension slight. At the introduction of the enemata he passes much wind. He is weaker, and not so confident of his recovery.

1.45 p.m. First vomiting occurred. Bilious in character.

4.30 p.m. Wounds dressed antiseptically, Condy's fluid being the medium used. Two of the pins in wound removed.

5.15 p.m. Tube passed up rectum, and liquid matter and wind discharged.

10 p.m. Restless. Skin cool. Pulse 130. Has been vomiting very offensive though not faecal matter.

Morphia acet. given hypodermically, February 12, 1882.

4 a.m.	-	-	gr. $\frac{3}{16}$	
12.45 p.m.	-	-	gr. $\frac{1}{4}$	Enemata were given during
4.15 p.m.	-	-	gr. $\frac{1}{4}$	this day, and the catheter
7.40 p.m.	-	-	gr. $\frac{1}{4}$	used regularly, and nothing
10 p.m.	-	-	gr. $\frac{1}{4}$	but ice given by the mouth.
10.20 p.m.	-	-	gr. $\frac{1}{8}$	

Approx. $1\frac{1}{2}$

February 13, 1882.—10 a.m. Very low. Wasting; eyes sunken. Urine pitchy black, so all carbolic dressings discontinued, and Condy's fluid used. Wounds smell very foully.

6 p.m. Dressed in same manner as this morning.

10.45 p.m. Pulse 120, intermittent. Vomiting.

Morphia acet. administered February 13, 1882 :

3 a.m.	-	-	gr. $\frac{1}{4}$	
11 a.m.	-	-	gr. $\frac{3}{16}$	Enemata given, with a little
1.30 p.m.	-	-	gr. $\frac{1}{4}$	opium to prevent tenesmus.
10.45 p.m.	-	-	gr. $\frac{3}{16}$	Still only ice by mouth.
11 p.m.	-	-	gr. $\frac{3}{16}$	

grs. $1\frac{1}{4}\frac{7}{10}$

February 14, 1882.—4 a.m. Breathing catchy and spasmodic. Evidently sinking.

9 a.m. Pulse failing to marked extent. Stimulant treatment still persevered in.

4 p.m. Moribund.

5.30 p.m. Died, just 123 hours after the operation.

Morphia given, February 14, 1882 :

4 a.m.	-	gr. $\frac{1}{4}$	Of course with each dose of morphia
11.50	-	gr. $\frac{1}{8}$	acet. a dose of atropine was given,
2.15	-	gr. $\frac{1}{8}$	the proportion being gr. $\frac{1}{4}$ of morph.
	-	—	to gr. $\frac{1}{16}$ of atropine.
		gr. $\frac{1}{2}$	

Every effort was made to avert death by hypodermic injections of ether, &c., but without any other effect than that of prolonging life about 2 hours.

From the time of the operation to that of his death he took nothing by the mouth except ice, and occasionally a little brandy.

The following is a brief abstract of the notes of the autopsy performed by Dr. Allen :—

There was a large wound in the abdominal wall, above and to the left of the umbilicus, and a second; also of large size, in the left flank, external to the kidney, and immediately below the spleen. The wounds and the track between them were sloughy, and a few small shot were found here and there along the latter. The coils of intestine, especially in the neighbourhood of this track, were of dusky colour, not injected, and were lightly bound together. The jejunum had been resected about a foot from the

termination of the duodenum; the external contour of the intestine at the point of resection was perfect. The divided edges of the peritoneum were united firmly at the mesenteric border, where a silk suture remained covered over with lymph. At the free border the edges were glued together, but less firmly than elsewhere; the catgut sutures which had been used had disappeared. On opening the bowel, its contents were found identical in character above and below the seat of operation, and fluids passed readily in any direction past the wound; the edges of the mucous membrane were in accurate apposition, and partly united, without any puckering or tendency to constriction. There was comparatively little lymph effused around the point of resection of the intestine, and the outline of the bowel was so perfectly restored, that careful examination was necessary to detect the site of operation. The fatal peritonitis spread from the track taken by the main charge, the tissues around being much bruised.

The portion of intestine removed by Mr. Fitzgerald measured ten inches in length. About its centre there was a gaping rent about two inches long on the free border, occupying nearly half the calibre of the bowel; above and below the rent the surface of the resected intestine was literally peppered with lacerations of varying size, produced by the scattering small shot.

(3) *Excision of Intestine undertaken on account of Strangulated Inguinal Hernia—Death about five hours after the operation—Almost perfect union of the resected ends of Intestine.*

George J., æt. 56. Admitted December 4, 1882. The patient has had a reducible inguinal hernia for the last seven years, and has constantly worn a truss until three days before admission. When getting up on that morning he forgot to apply it, and went about his work without it. After a time he noticed that his hernia had descended, and though it was still soft, yet he was unable to reduce it, and also that it was much larger than usual. He therefore applied the truss over it, and so caused himself considerable pain. The next morning it was still unreduced, and his bowels were constipated, so he took some purgative medicine, which he vomited almost immediately, and the vomiting was repeated during the day. The lump was now getting harder and causing more pain, and hiccup became prominent in his list of troubles. The day before admission the vomiting became very frequent and offensive, the pain of the swelling excessive, and hiccup continued. His bowels

had been all this time obstinately constipated, and his abdomen had swollen slightly.

When admitted, he was very low, his pulse being slow, and his skin rather cold; he was not vomiting but had constant hiccup. The temperature was normal. There was a hard, tense and painful tumour in his right groin, which was evidently a strangulated hernia. On account of the advanced strangulation, Mr. Fitzgerald neither applied taxis nor performed his subcutaneous operation. The patient was given gr. $\frac{3}{5}$ of morph. acet. hypodermically and then put under the influence of ether, and the first steps of the ordinary operation taken by Mr. Fitzgerald, who made his incision a rather free one and divided the tissues in layers till he reached the sac, which contained some dark coloured offensive fluid. The sac was laid open on a director and a gangrenous knuckle of intestine exposed. The intestine was pultaceous and perforated, and the contents of the sac smelt of faecal matter. The constriction was at the internal ring, and was freely divided. The intestine above the gangrenous knuckle was now seen to be enormously distended, whilst that below was equally contracted. The gangrenous portion was next completely excised, with a corresponding V shaped piece of mesentery, the edges being cleanly and carefully cut. A great deal of faecal matter was pressed out of the upper end, and all hæmorrhage checked, and fluids sponged up. Then a ligature was put in the mesentery, close to the bowel, so as to approximate the cut edges of the former, and the upper enlarged orifice of the intestine was sewn to the lower contracted one by a continuous catgut suture of very small size. The mode of stitching was like that described in No. 2 case, except that the stitches were reversed and made much longer in the upper than in the lower portion, so as to allow for their difference in size. This plan succeeded perfectly, the edges fitting accurately, and of course the peritoneal surfaces being inverted as usual.

Now everything was examined carefully, and hæmorrhage having ceased, the original incision was enlarged, so as to allow of free communication with the abdominal cavity, which was then washed out with warm carbolic lotion. The bowels were next returned with some difficulty, on account of the flatus, and deep hare-lip pins, secured with corks, put in to prevent their re-descent. Superficial sutures were next adjusted, and a drainage tube left in the abdominal cavity, and the usual

carbolic dressings applied. The ligatures used were all carbolised catgut, and the whole operation was conducted under modified antiseptic precautions. The patient was put back to bed, and given enemata of brandy and beef tea in small quantities, a little ice by the mouth, and

Rx Pulv. Opii gr. j.
Ext. Bellad. gr. $\frac{1}{2}$
Quinæ. Sulph. gr. j.
Conf. Rosæ q. s.
Ft. pil. 8tis horis.

His temp. rose to 100.4° ; his pulse got quick, though very feeble; but he never properly rallied, and died five hours after the operation.

At the post mortem examination, which was made twenty hours after death, there was noticeable, on opening the abdominal cavity, a complete absence of any general peritonitis. In the situation of the right inguinal region there was a patch of localised peritonitis, several coils of the ileum being matted together with soft lymph. This portion of the intestine was of a dusky red colour, and contained the united ends of the intestine. The edges of intestine were in perfect apposition, and the peritoneal surfaces united throughout nearly their whole extent, and in only two places were the sutures visible, viz., at the mesenteric border and at a point exactly opposite. The cut edges of the mesentery were thickened and united. The intestine in immediate vicinity of the line of union was intensely congested, appearing quite black in one place. There had been no extravasation whatever, although the lower end of the gut, which, it will be remembered, was contracted at the time of the operation, was now distended with fluid faecal matter for a distance of two inches below the line of union; as the specimen containing the united ends of resected intestine had been opened in the first two cases, it was here left unopened to complete the series of specimens. It may be mentioned that now, after having been kept in spirit for two months, and having been manipulated once or twice, spirit escapes from one or two places in the line of union; but this was not so at first. The operation wound showed no signs whatever of repair. The excised portion of the intestine was completely gangrenous.

REMARKS.

Mr. FITZGERALD believes that one of the most important points in the operation is to securely ligature the cut edges of the

mesentery together, as his neglect to do so in the first case was the cause of the separation of the cut edges of intestine at their mesenteric attachment, and the success which attended the latter cases, where he carefully followed this practice, is of course noted previously.

The experience gained from the second case shows also that no stricture of the intestine need be feared as a result of the inversion of the intestinal surfaces by the application of the herring-bone suture in the manner described, for he there inverted about half an inch of intestine, and no stricture or even contraction followed.

Unfortunately, from the unsuccessful termination of these cases, it is impossible to draw any logical conclusion as to the ultimate success of this operation ; but when it is remembered that it was undertaken as a last resort, and that the first and third cases were almost moribund when operated on, and the second had a huge scorched and lacerated wound in the abdomen, inflicted with suicidal intent, the difficulties in the way of their recovery will be at once understood. However, he gives it as his decided conviction that in cases of severe wound of the small intestine (especially if situated high up), and in cases of gangrene, the result of strangulated hernia, it is the operation indicated, and is the one for the future that he will feel necessary to perform.

Australian Medical Journal.

JANUARY 1883.

THE NEW YEAR.

On reference to the proceedings of the Medical Society of Victoria at its Annual Meeting it will be seen that the management of this *Journal* has undergone a change ; two of the former Editors remain, but Dr. Williams has by the pressure of his University work been compelled to relinquish his connexion with us, and Dr. Jamieson has consented to take the vacant place. As in former years the *Journal* continues to be in especial the organ of the Medical Society of Victoria, but it must not thereby be understood that its pages are restricted to any one association or group of practitioners.

Within the limits of our space we will welcome impartially original papers or reports whencesoever they may come, and reference to our past numbers will show our indebtedness to many valued contributors scattered through all the colonies : especially to our friends in South Australia and New Zealand would we tender our hearty acknowledgement of their constant support and assistance. We trust that the *Journal* will in future become more and more generally representative of scientific medical thought throughout Australasia, and thus be to the Profession in older countries a proof that far off in the Antipodes we think their thoughts and march with them, and strive though as yet in narrow ways to further the progress of medical science. To this end then we invite contributions from all members of the profession, and in any form ; we ask not only for elaborated papers, but for the barest notes on clinical and therapeutic matters ; it is not to our credit when drugs obtained from Australia are first described and their merits set forth by observers at the other side of the world, and yet even this does repeatedly occur, as in the case of duboisia, eucalyptus and so on ; nor is it pleasant to remember that no wide study of the more anomalous forms of continued fever has yet appeared among us, though the conditions for such investigation are undoubtedly favourable. Every case apparently anomalous, which is well reported, furnishes a link in some chain of induction, and we trust that observations of value will not be laid aside as worthless because their tendency is not immediately manifest. Similarly with Hospital work, perfect harvests of new facts are among us, and we neglect to garner them ; new modes of treatment, new operations are constantly being devised or tested, but they are not made common property till our more active brethren in Europe or America draw attention to them, and then we grumble inwardly at being anticipated. It is to be hoped that the great Hospitals of Australia will do their duty more perfectly in the future, and that our *Journal* may gain added value by becoming the exponent of the good work done in them, aye, and of the failures therein experienced.

For ourselves, small professions are most safe ; but we shall attempt to further improve our system of extracting, so as to give a fair *resumé* of British and foreign medical literature for every month, with occasional abstracts of the progress made in particular departments ; and last, but not least, we shall strive hereafter to have our *Journal* published strictly to date. And now, looking forward with good hope for the future, we wish all our readers a *Happy New Year*.

Extracts from the Medical Journals.

THE LANCET.

NOVEMBER AND DECEMBER.

Dr. Davison has discovered that in all acute inflammatory fevers the leucocytes and the fibrin-forming elements of the blood (products of the primary lymph corpuscles) are increased, probably owing to reflex stimulation of the lymphatic system, and believes that, as this increase takes place from the very first, it may be of use for diagnostic purposes, and as their number varies with the disease, for prognostic purposes also.

Mr. Samson Gamgee advocates rest, infrequent, dry but perfectly clean dressings, equable gentle pressure, with perfect drainage and great elevation of the inflamed part, if possible, as the correct means to be used in the treatment of wounds and inflamed parts. He does not give his support to the present antiseptic system.

Mr. Mallins reports a case of glioma of the cerebellum, which was of about two inches in diameter, and attached to the upper surface of its left lobe, appearing between the pons varolii, the left lobe, and the cerebral mass. It caused during life headache, vomiting, general muscular weakness, loss of sight, and strabismus.

A large carcinoma of the neck was removed by Dr. Hume. It extended from the level of the upper border of the thyroid cartilage to the clavicle on the left side, and was situate just underneath the sterno-mastoid muscle. During the operation, it was found to involve the internal jugular vein, which accordingly had to be ligatured above and below with a double catgut ligature, and divided. The patient made an excellent recovery.

Mr. Lawson Tait records two deaths from heart clot after

abdominal operations, probably induced by an atrophic kidney disease, which had caused no appreciable symptoms during life.

Mr. Sydney Jones has performed and reported a bold though unsuccessful operation, viz., that of the removal of a malignant tumour of the pylorus. The patient was in an unfavourable condition, and the operation was only undertaken at his own special request. The stomach was thoroughly washed out, and kept comparatively empty for two days, and then the operation was performed. An oblique incision being made from a point to the left of the mid-line, about four inches below the ensiform cartilage, across to the right side; all structures, including the round ligament and the great omentum, were then successively ligatured and divided until the tumour was exposed. The lesser omentum attached to the pyloric end of the stomach, with the pyloric artery, was now ligatured and divided, the lesser end of the stomach clamped, and then divided to the right of the clamp. The duodenum was divided in a similar manner, and the growth, with some affected glands, completely removed. The opening of the stomach was larger than that of the duodenum, and so he stitched the upper part of the stomachic aperture up, and then adjusted the lower portion to the cut end of the duodenum. The sutures used in this part of the operation were 52 in number, and composed of carbolized silk. The operation lasted three and a half hours, and the patient survived it but five hours and a half.

Dr. Innes had a patient who died of peritonitis, and apparently retention of urine; and in whose pelvis, after death, was found a sacculus, containing 105 calculi, communicating with the bladder. They had excited inflammation, perforation, and peritonitis.

Dr. Post records another successful case of chronic dysentery treated with injections of a solution of nitrate of silver.

Mr. Willis had an opportunity of observing a most unusual fracture, viz., that of the clavicle close to its sternal articulation, and internal to the rhomboid ligament, which was, however, ruptured. The outer fragment was dragged high in the neck, and was very difficult to keep in position. He obtained firm fibrous union after some lapse of time.

At the Middlesex Hospital a rupture of the heart was noted to have occurred with rather exceptional symptoms. The patient, who was 65 years old, received a fright whilst at work, and three-quarters of an hour afterwards had a fainting fit. When admitted into that hospital, he was suffering from collapse, the

cause of which was not then clearly made out, but under stimulating treatment he rallied considerably, and then died suddenly, 43 hours after he received the fright. A rent about half an inch long was found existing in the posterior wall of the left ventricle, midway between the apex and base of the heart, and was situate in the tissue supplied by the posterior coronary artery, which was in an advanced state of degeneration. The anterior coronary artery was not so much diseased. The clot in the pericardium was divided into two layers, which probably had a different origin as regards time, the first clot checking further hæmorrhage, and so allowing reaction to take place.

J. W. B.

NEW YORK MEDICAL RECORD.

The Mechanical Effect of Nerve Stretching on the Spinal Cord.—Dr. C. L. Dana communicates the results of his experiments to determine this. He concludes :

1. Traction upon the sciatic nerve of the cadaver in the majority of cases, but not in all, stretches the spinal cord.
2. This stretching is greatest at the lower part, amounting to 2 to 3 mm. with a powerful pull (50 to 80 lbs.)
3. The movement is distributed over the yielding cord, and only in a minority of cases does it reach the medulla, and then the medulla only moves very slightly, less than 0.3 mm.
4. When the cord does not move, it is due probably to unusually close adhesions of the sheath to the nerve, and of that to the surrounding tissue.
5. Traction on the nerve, if it reaches the spinal canal, acts chiefly on the dura, i.e. the cord is stretched partly by direct force, but chiefly by the movement of the enveloping membrane.

As regards subcutaneous nerve stretching, it is a powerful means of moving the cord in the cadaver, but in the living subject it is doubtful if it affects the cord at all mechanically.

The Antipyretic Action of Alcohol has been investigated by Dr. L. Grebe, by experiments on the lower animals. He finds that small and moderate doses produce an immediate slight increase in temperature, of short duration, followed by a fall to a lower level than before the alcohol was given. Large but not

poisonous doses reduce the temperature without any previous rise, and a long continued fall of temperature can be obtained by large doses at regular intervals. Mr. Draper also, in a clinic on typhoid fever, strongly advocates the use of alcohol as an antipyretic in that disease.

Electrolytic Treatment of Stricture.—Dr. Robert Newman gives the result of ten years' experience. He affirms that the negative pole of a constant galvanic current applied to the exact seat of a stricture will cause the disintegration, or absorption, of the cicatricial deposit, by electro-chemical decomposition; that the operation is almost painless, bloodless, and devoid of danger. He uses a sound, insulated as far as the tip, which is egg-shaped and in connection with a battery by means of a copper wire in the centre of the sound. This is passed down to the seat of stricture and the current passed for a varying period, being gradually increased in strength, till the sound can be passed on into the bladder without the slightest difficulty. Dr. Newman reports a large number of cases, which have now been under observation for ten years, none of which have had any return of the stricture; and he asserts that he "has never had a case, no matter how small the calibre or how firm the deposits, which he has not cured by this means."

In the *Treatment of Hæmorrhoids*, Dr. J. L. Powell recommends daily irrigation of the rectum with water as hot as can be borne.

A Case of Chyluria is reported by Dr. Draper. The symptoms were exactly the same as in the case lately reported by Dr. Pincott. The patient was a native of the West Indies, and had had the disease for 20 years. His urine contained 8 grains to the oz. of oil, and the *Filaria sanguinis hominis* was found in large numbers in the blood. He was treated with oil of turpentine.

G. A. S.

Local Subjects.

At the December meeting of the University Council the following memorial was presented, signed by a very large number of graduates and undergraduates who have passed through Dr. Kirkland's classes.—

The Vice-Chancellor and Members of the Council of the University of Melbourne.

"Gentlemen.—At this turning-point in the development of the School of Chemistry in the University of Melbourne, when a professorship is about to be founded, we, the graduates and undergraduates who have been trained in that School, deem it alike a duty and a pleasure to record our appreciation of the manner in which it has been conducted in time past. The present Lecturer on Chemistry, Mr. J. D. Kirkland, M.B., has now occupied that position for eighteen years; and at an earlier period, in fact from the very commencement of the Medical School, he acted as assistant to his predecessor, the late Dr. Macadam. During the whole of this time we have in succession passed through the classes conducted by him, and can testify to the fulness, the accuracy, and the practical nature of the instruction which he at all times imparted. He laboured earnestly to improve the system of laboratory work, providing at great private expense many of the indispensable requirements; and all visitors to our University speak in high praise of the Laboratory erected under his direction, of the methods therein employed, and of its general orderly appearance. In all our difficulties we could obtain the most willing and thorough assistance from Mr. Kirkland, and the students have ever reposed the fullest confidence in his judgment and justice as an examiner. His zeal as a teacher, and the kindly interest he has always manifested in the welfare of his students have rendered him exceedingly popular with his classes. We would therefore most respectfully assure the Council that all who have been trained by Mr. Kirkland would view his elevation to the professorship with feelings of unmixed satisfaction, and would see in it a pledge of the continued advancement of the School of Chemistry in our University."

We extract the following from the *Evening Star* (Dunedin) of November 16th:—"The attention of the New Zealand Medical Association having been called to certain advertisements of Dr. Wilkins, which appeared in the *Evening Star* of May 8, and in the Dunedin papers of November 14, a special meeting of the Association to consider the same took place at the hospital last night, when the following motion was carried:—Resolved, that having read the advertisements of Dr. Wilkins in the *Evening Star* of May 8, and in the *Daily Times* of November 14, 1882, and the letter of the secretary of the Royal Ophthalmic Hospital, Moorfields, London, the Medical Association are of opinion that the advertisements are fitted to mislead the public as regards the connection of Dr. Wilkins with Moorfields Hospital." It was further resolved that a copy of this resolution, together with the advertisements in question, and the letter relating thereto from the

secretary of Moorfields Eye Hospital, should be published in the Dunedin dailies." The documents referred to were as follows:—

PUBLIC NOTICE.

ADVERTISEMENT OF DR. WILKINS, 'EVENING STAR,' MAY 8TH, 1882.

Dr. Wilkins, F.R.C.S. (of Christchurch), Oculist and Aurist (late of the Surgical Staff Royal Eye Hospital, Moorfields, London), has arrived in Dunedin, and can be consulted for Diseases of the Eye, Ear, and Throat at Bannister's, Octagon (private rooms), from the 3rd to the 18th of May. Consultation hours: 9 a.m. to 8 p.m.

ADVERTISEMENT OF DR. WILKINS, 'MORNING HERALD,' NOVEMBER 14TH, 1882.

For Eye, and Ear, and Throat Diseases—Dr. Wilkins, Oculist and Aurist, of Christchurch (late Moorfields Eye Hospital London), is now in Dunedin, and can be consulted for two or three weeks only. Private Rooms: Coffee Palace Hotel, Dunedin.

LETTER FROM THE SECRETARY ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS, TO THE PRESIDENT NEW ZEALAND MEDICAL ASSOCIATION.

Sir,—I am in receipt of your note of May 15th last, and in reply I beg to inform you that Dr. Wilkins never was on the staff of this Hospital. I have the pleasure to forward to you a report for last year. The surgical staff appears on page 4, and no Dr. Wilkins was ever at or for any time on the staff of this Hospital.—I am, sir, your obedient servant,

(Signed) ROBERT J. NEWSTEAD, Secretary.

DEATH.

HEWLETT.—On the 20th November, 1882, at 122 Nicholson-street, Fitzroy, Louisa Jane, the beloved wife of T. Hewlett, surgeon.

NOTICES TO CORRESPONDENTS.

Communications have been received from Dr. de Zouche, Dr. Jakins, Dr. Hayman, Dr. Springthorpe, Dr. R. B. Duncan, Dr. Willmott, Dr. J. W. Barrett, Dr. Syme, Dr. Stirling, Dr. Wuth.

PUBLICATIONS RECEIVED.

The Lancet, British Medical Journal, London Medical Record, Student's Journal, Glasgow Medical Journal, Medical Press and Circular, Index Medicus, Canada Medical and Surgical Journal, Pacific Medical and Surgical Record, St. Louis Courier, National Bulletin, American Journal of Otology, Philadelphia Medical Times, Annals of Anatomy and Surgery, Journal of Cutaneous and Venereal Disease, New York Medical Record, Western Medical Reporter, Chemist and Druggist, Australasian Medical Gazette, Victorian Government Gazette, &c.

THE
Australian Medical Journal

FEBRUARY 15, 1883.

Original Articles.

NOTE ON A CASE OF DOUBLE OÖPHORECTOMY.

By ISAIAH DE ZOUCHE, M.D., Q.U.I., M.R.C.S. Eng.

Honorary Physician to the Dunedin Hospital.

In the *Australian Medical Journal* of 15th April, 1881, I reported the case of Mrs. S., on whom I had performed Battey's operation five and a half months previously for intolerable ovarian neuralgia, which proved to have been associated with, if not to have been caused by, cystic disease of the ovaries.

Experienced oöphorectomists consider that at least a period of two years from the operation is necessary in order that a correct judgment may be formed as to its effects.

As Dr. Marion Sims says, the nerve filaments, cellular tissue, and fibrous structure of the ovary in these cases become blended into a sort of neuroma. "In no other way can we account for the persistent neuralgic pains; they are the pains of a neuroma."* In consequence of the continuous pain and the loss of rest the patient acquires much of the neurotic habit. Even after the removal of the diseased organs, severe pain referred to those parts frequently recurs, while there may be the same hyperæsthesia to touch externally and per vaginam as before the operation. In short, nervous impulses continue to be directed to a condition of parts which no longer exists, just as persons who have suffered amputation of a limb complain of tingling or pain referred to the amputated member.

Mental depression and aberrations of temper may occasionally occur to an extreme degree, showing how deeply the general nervous system had become involved.

From all these symptoms my patient suffered more or less for several months; and while there was, as stated in my former paper, a decided general improvement, it would have been impossible to say, until at least eighteen months had passed, what

* *British Medical Journal*, 8th December, 1877.

the ultimate result would be—whether the patient would be classed among those “cured,” or among those merely “relieved by operation.”

I am happy to be able now to report that the operation, the first of the kind reported in the Southern Hemisphere, as I believe, has proved a complete success.

The pain and hyperæsthesia gradually diminished, the mental depression and thoughts of suicide disappeared, and six months ago she said she was perfectly well. For many months she has been able to take an active part in the work of the dairy on a farm where she is residing. She milks seven cows morning and evening, makes butter and cheese, washes her clothes, &c., and walks to town, a couple of miles, and back again, uphill.

With regard to menstruation, I could never be sure how much reliance could be placed on her statements. She said that there was none for five months, that then it was “regular for a few times, and afterwards became irregular as to quantity and time of appearance;” but her best friend, the wife of the owner of the farm, tells me that the patient has never menstruated since the operation.

Dr. Wm. Goodell, of Philadelphia, says these patients frequently state that the menstrual discharge is regular when it is absent, lest any slur should be cast on their womanhood.*

Within the last couple of years oöphorectomy has been so frequently performed, and with such success, that it may now be said to take its regular place among the received operations in surgery.

Dunedin, N.Z., December 30, 1882.

NOTES OF A CASE OF SUB-PERITONEAL FIBROID OF THE UTERUS, SUCCESSFULLY REMOVED BY OPERATION.

By R. B. DUNCAN.

Surgeon to the Kyneton Hospital.

The patient on whom this operation was performed came under my care two years since, complaining of pain and fulness about the pelvis. As no examination was allowed, her condition could not then be ascertained. Four months ago she again consulted me. She complained chiefly of deep-seated pelvic pain and

* *American Journal of Medical Sciences*, July 1878.

abdominal enlargement. She informed me that a month previous she had had a severe attack of "inflammation of the bowels."

Her age is 52, she is of medium height, considerably emaciated, and scarcely able to be out of bed; her appetite is bad, and she frequently vomits; has some difficulty when the bowels act, from a feeling as if the passage was obstructed; urine high-coloured and scanty, with abundance of urates, no albumen; at times severe dysuria. Menstruation ceased when she was 32, and has never returned since. Has had no family, and been in the enjoyment of good health till lately.

On inspection, the abdomen is seen to be distended, and measures 41 inches in circumference on a level with the umbilicus. The enlargement is most prominent on the left side. On palpation, a distinct tumour is at once felt, rising out of the pelvis and extending nearly to the level of the umbilicus; in the median line a smaller one lies to its right. They are both hard to the touch, and apparently freely movable. The presence of fluid in the abdominal cavity in which the tumours float is also apparent from the altered percussion note in different positions, and also a well-marked impulse. In the recumbent position the os uteri is just within reach of the finger, and the uterine cavity is three inches in length. With the sound in the uterus and the hand over the tumour, the connexion is at once recognised.

I advised her to have the tumour removed. The presence of fluid in the abdominal cavity, the fact that the rectum and bladder were both involved, and the low state of her health, rendered in my opinion such a course imperative. On the morning of the 2nd December last I operated, with the assistance of Drs. Langford, Pestell, and Smith. The patient being suitably prepared, and having been anæsthetised, an incision was made from the umbilicus to the pubes, and carefully carried down to the peritoneum, which was opened after all bleeding vessels had been secured; a large quantity of fluid escaped at this stage, and the tumour came into view. As it was too large for the incision, the latter was prolonged for two inches above the umbilicus. The removal of the tumour was now attempted, when it was found to be extensively adherent. On its anterior surface about 8 inches of bowel was firmly attached, and at other points it was glued to bowel and omentum. The adhesions were broken down after some delay and no little risk, and the mass lifted out. The pedicle was moderately long and thick, and sprang from the left

side of the fundus of the uterus. It was clamped and the tumour was removed. All bleeding vessels having been secured, the abdominal cavity was filled with a warm carbolic solution of 1 in 200. This was allowed to remain for a few moments, then allowed to run out, what was left being carefully removed with sponges. The wound was closed with carbolized silk ligatures, and antiseptic dressings applied, the operation having been conducted on the same principle.

The patient, on being put to bed, was cold and collapsed, a state from which she quickly rallied on the application of warmth and the administration of stimulants. The subsequent history of the case is unimportant. For two days the urine showed faint traces of carbolic acid, and there was slight elevation of temperature. On the eighth day four of the sutures were removed, and on the tenth the whole were taken away. On the twenty-fifth day from the operation the patient was taken to her home, a distance of over twenty miles. She rapidly regained her strength, and is now perfectly well.

The tumour was multiple, and weighed nearly ten pounds. It belonged to the class known as uterine fibroid.

TWO MONTHS WITH DR. KLEIN.

By J. W. SPRINGTHORPE, M.B. Melb., M.R.C.P.

(Continued.)

DAY FOUR.

The Second Method of Cutting Sections.—That by means of the freezing microtome was utilised. By this mode sections can not only be cut much finer than by the razor, but a less practised hand is required. The heat of the colonies, however, might at times be a hindrance to the rapid freezing of the specimen.

Exemplification of Use.—Take portions of the fresh pancreas, spleen, and stomach of a dog; cut into pieces of suitable size, using a sharp knife, and avoiding all crushing. Harden these in spirit for a few days to a few weeks, as may be necessary; then place in water overnight, not longer, or they may become mouldy, and the night before use leave them in a vessel of thick mucilage. They are next morning ready for section. Having your machine, ice mixture, and cutting apparatus all ready, paint the metal plate of the machine with a layer of mucilage, and when this freezes, place upon it, at right angles to the direction of section, the

specimen to be cut; then gradually add mucilage with a brush, as layer upon layer freezes, covering in the interim with a glass cover, until, finally, the whole section is surrounded with frozen mucilage. Now fix the microtome on a level with the top of the section, moisten the upper portion of the razor with water to detain the sections, and cut with a diagonal movement, semi-rotating the screw after each return to the starting place, removing the sections at intervals with a moistened brush. A few minutes spent in practice will make all this description quite clear. Now wash off the mucilage by putting the sections in water; from this remove to fresh water, then stain with hæmatox as before shown; mount in glycerine, bringing the sections on to the glass with the elevator, and seal the cover glass with Hollis' liquid glue. Any number of sections may be thus cut, stained, and mounted for practice. As Dr. Klein was at the time working at the comparative anatomy of Jacobson's organ, we repeated the same with pieces of the nasal cavity of the dog, hardened in picric acid.

DAY FIVE.

1. *Cutting, staining, and mounting* sections of the œsophagus, trachea, similarly prepared for use.

2. *To Show Endothelium*.—Remove the mesentery of a dog; leave it for five minutes in a $\frac{1}{2}$ per cent. solution of argent. nitrate, which in the light stains the albumenoid cement between the endothelial cells, making their outlines visible—otherwise the membrane is invisible; then wash in water, and place in glycerine. Thus kept, it is ready for use at any time. For mounting, float a portion in water, cut off enough to go under an object glass, float on to the slide dipped into the water at an angle, and spread out gently with needles. On taking the slide up, keep the specimen from drying by breathing on it, and, as before, mount with glycerine, carefully draining off the overplus with filter paper, and sealing all with the liquid glue.

3. *Examination of Bone, Developing and Developed*.—Take the paw, jaw, and long bone of a kitten; leave for 14 days in a $\frac{1}{2}$ per cent. solution of chromic acid, to which a few drops of hydrochloric acid have been added; and after testing with a needle or razor whether they are sufficiently macerated, cleanse in water, and preserve for use in spirit. The insoluble carbonate of lime and basic phosphate have thus been converted into soluble chromate and acid phosphate, which are washed away by the water, leaving the animal matter in its normal arrangement to be

preserved in the spirit. Remove from spirit, and prepare first through water, then through mucilage, for section with the microtome as before directed.

DAY SIX.

Cut the above sections with the freezing microtome; stain some in hæmatoxylin, and mount as before, leaving some of the stained specimens covered up in absolute alcohol for double staining next day. Practice in cutting, staining, and mounting.

DAY SEVEN.

Double Staining Sections.—Remove the specimens kept from last day into picro-carminé for at least thirty minutes; then, as before, send them in turn through water, methylated spirit, and absolute alcohol, where they must remain some fifteen minutes; thence into oil of cloves, and mount in Canada balsam as before directed, sealing all with the liquid glue. It is not absolutely necessary to allow a night to elapse before staining with the second dye; all depends on the strength of the dye. When firmly fixed with the hæmatox., which may be in a few minutes in some specimens, it may be transferred to the carminé. Aniline blue may be used instead of picro-carminé. It often happens that the specimen may have become too deeply stained; hence it is useful to know how to decolorise such sections. If the hæmatoxylin be too deeply seen, put the specimen back into the oil of cloves, thence into the absolute alcohol, and thence into acidulated water; this removes the over-staining. When sufficiently so, place the specimen back in the alcohol, and then into the cloves, and mount as before. If the carminé has stained too deeply, place the specimen near ammonia vapour, or use a very weak solution of ammonia in place of the acidulated water used in the former case.

DAY EIGHT.

To Show Elastic Cartilage.—Take the ear-lobe of a pig, preserve in spirit for about a week, or until it has hardened, the time varying with the size, and preserve in glycerine for use. For cutting, imbed in wax and oil, and cut sections with a razor as before described. Place the sections then in a watch-glass containing two drops of glacial acetic acid to the half-glassful; leave them there for five to ten minutes, then wash them well, stain them with hæmatox., and mount in Canada balsam.

To Show Elastic Fibre.—Take a portion of the ligamentum nuchæ of the ox, preserved in bichromate of potash for use; cut a small piece off, and place it in water; then tease out on an object

glass with two fine-pointed needles (how to tease requires practice); then mount in glycerine, and seal with Hollis' liquid glue. Sections of the same may be cut just as with the elastic cartilage.

DAY NINE.

To Show Tendons.—Take a mouse's tail, skin it, break the vertebræ, and pull away a portion, carrying the tendons with it; stain these in hæmatoxylin, and keep in glycerine ready for use. To show these—place in spirit, put a small filament on to an object glass, keeping it moist with the least drop of glycerine; then tease out the bundles of tendons, and re-tease some of these to obtain some of the fibrils. Finally, as before, mount in glycerine, and seal with glue.

To Cut Sections of the Same.—Place the skinned tail in chloride of gold solution for staining, and keep for use in glycerine. For cutting, take two pieces and imbed in wax and oil, one transversely, one longitudinally. When ready, cut and mount in glycerine as already described.

DAY TEN.

(a) *Lymphatic Glands of Dog.*—Injected by plunging a hypodermic trochar into the testicle, and then injecting Berlin blue, which makes its way right up to the glands as well as the testicle itself.

(b) *Spleen.*—Similarly injected with Berlin blue, and the blood-vessels coloured with carmine by placing the nozzle right into the splenic artery. Then both preparations were cut, washed in water, stained with hæmatoxylin—some being double-stained—and then mounted in Canada balsam.

To be continued.

Hospital Reports.

ALFRED HOSPITAL.

A Case of Empyema—Paracentesis Thoracis—Recovery.

Under Dr. ADAM.

Reported by J. B. BACKHOUSE, M.B.

G. P., ætat. 26, was admitted on 10th October. He had been ill for about five weeks, suffering from pleurisy, and had, a few days before admission, several attacks of rigors. He was much

emaciated; expression anxious, tongue dry and brown, pulse full, 130, temperature 102°, respiration hurried.

He complained of severe cough and dyspnoea. Posteriorly there was marked dullness in lower scapular region, extending half way up. Respiratory murmur absent. Ordered ammonia, bark, and stimulants.

Next day paracentesis performed under spray between eighth and ninth ribs, and about 3 xii. pus evacuated; drainage tube inserted. Wound dressed antiseptically. Ordered—

R Quin. Sulph. gr. ii ss.
Tinct. Digit. ℥ x. 4tis horis.

Dressed every second day, and after the first week wound syringed with a saturated solution of boracic acid, which was not so irritating as carbolic lotion. The discharge was very free; patient rapidly improved; cough lessened, appetite good, slept well. Vesicular murmur became re-established on affected side, and patient was discharged on 23rd November, being then in a very well-nourished state, and fairly strong.

Case of Wound dividing Flexor Tendons, and implicating Wrist Joint, followed by Recovery, with Movable Joint.

Under care of Dr. BLAIR.

Reported by J. B. BACKHOUSE, M.B., Ch.B.

Resident Medical Officer.

S. B., ætat. 7, was brought to this institution on 2nd November. He was suffering from an incised wound on the anterior aspect of the lower part of the right arm, starting at the outer side of the wrist, and passing obliquely across, opening the joint and severing the radial artery. The tendons of the superficial and deep flexors were mostly divided, the wound terminating at the outer edge of the flexor carpi ulnaris, about an inch above the head of the ulna.

The boy on the previous evening had been playing with a chaff-cutting machine, and his hand had got caught by the blade, causing the wound described.

The wound was thoroughly cleansed with carbolic lotion (1—20) under the spray, and stitched up with horsehair and dressed antiseptically. The arm was then put up on a straight splint, the wrist being slightly flexed.

The antiseptic dressing was continued until the wound was

healed, and the boy made an excellent recovery, the joint being movable. He was also able to flex his fingers partially, and to grasp an object with tolerable firmness. He was discharged on 17th January, 1883, daily acquiring more use of his hand.

MELBOURNE HOSPITAL.

A Case of Laryngeal Obstruction—Tracheotomy—Recovery.

Under the care of Dr. J. WILLIAMS.

Reported by JAMES W. BARRETT, M.B., Ch.B.,

Resident Surgeon.

Annie H., æt. 28, married, admitted 5th May, 1882. About one month before admission the patient believes that she caught a cold, for she then began to suffer from an almost constant feeling of soreness about the throat and from occasional attacks of a choking character. These attacks caused her great distress, and were usually followed by coughing. They were readily induced by mental emotion or by swallowing. Four days before admission her breathing became very difficult, and she noticed that she made a noise when drawing her breath. She soon felt very ill, and sought admission. Up to this time her voice had not been much affected, and cough had not been a prominent symptom. No family history of syphilis, tubercle, or other disease could be elicited, and neither the patient nor her friends recollected any previous complaint from which she had suffered.

When admitted, her breathing was greatly embarrassed, principally owing to an inspiratory difficulty, for whilst expiration was easily performed, inspiration was attended with a very loud and harsh stridor, which was not in the least relieved by drawing the lower jaw forward. Her face was flushed. Pulse quick, and temperature slightly raised above normal. She was admitted about 2 p.m. and was then ordered Pulv. Doveri gr. x. s.s. Warm applications to the larynx and steam inhalations.

At 6 p.m. she was given Morphia Acet. gr. $\frac{1}{4}$, Atropiæ Sulph. gr. $\frac{1}{100}$ hypodermically.

At 9 p.m. the symptoms had not in the least abated, and she was ordered

Rx Pot. Bromidi gr. xxx.
T. Belladonnæ m. xx.
Aquæ Camph. ad. 3j s.s.

At 10 p.m. she became worse, and began to asphyxiate; her lips, face and ears becoming blue; her breathing failing, and the stridor ceasing.

Accordingly after a few whiffs of chloroform tracheotomy was performed, an incision about two inches long being made from above downwards, commencing one inch below the cricoid cartilage. The trachea was deeply situated and was divided from above downward to the extent of three rings, and a metal bivalve tube introduced. The operation lasted about two minutes, and, shortly before it was completed, breathing ceased entirely, although the pulse was still perceptible. Artificial respiration was therefore resorted to and maintained for about thirty minutes, at the end of which time natural breathing was perfectly established. There was no serious hæmorrhage during or after the operation, but a great deal of blood and mucus was driven out of the trachea during artificial respiration.

After she had recovered she was placed in a moist atmosphere, of a temperature of 70° to 80° F., and given a low diet. During the ensuing 16 days she suffered from considerable fever, and from slight bronchitis; but at the end of that time was convalescent. In a few weeks the case became a chronic one. The metal canula was changed for a vulcanite one, and the opening in which it was situated became walled in with firm granulations. She was removed to the general ward, protected from draughts, and subsequently allowed to go about with the aperture of the tube covered with flannel.

Frequent laryngoscopic examinations were made, and revealed the presence of an almost complete obliteration of the cavity of the larynx by a tolerably smooth, reddish, and apparently firm material, which was situate above and about the vocal cords, completely concealing them from view. It was situate beneath the mucous membrane, and did not in the least alter its character during the time she was under observation.

During her stay in the hospital her voice grew weaker and more hoarse, and breathing through the larynx even more feeble than it was before an extended trial was made of—

R Hyd. Perchlor. gr. $\frac{1}{2}$
Decoct. Cinch. Flav. ad $\frac{3}{4}$ j. T.d.s.

and later on of—

R Pot. Iod. gr. v.
Decoct. Sarsæ. Co. ad $\frac{3}{4}$ j. 6tis horis.

In addition, this material in the larynx was frequently touched with solid nitrate of silver. But no treatment seemed to affect any absorption. She had one or two mild febrile attacks, unconnected as far as could be seen with any pulmonary complication, and was finally discharged in perfect health, with the exception of course of the laryngeal affection, on 17th October, 1882. She was in much the same condition when last seen; she could then just speak audibly, could scarcely breathe at all through the larynx, and still wore the vulcanite tube.

Medical Society of Victoria.

ORDINARY MONTHLY MEETING.

WEDNESDAY, FEBRUARY 9, 1883.

(Hall of the Society, 7 p.m.)

Present: Dr. Burke, Dr. Girdlestone, Dr. Brett, Dr. J. David Thomas, Dr. Armstrong, Dr. Meyer, Dr. Neild, Dr. Jamieson, Baron F. von Mueller, Dr. Fletcher, Dr. Stirling, Dr. C. S. Ryan, Dr. A. G. Black, Dr. McInerney, Dr. Le Fevre, Dr. Allen, Dr. McMillan, Dr. D. E. Stewart, Dr. Warren.

Dr. Burke, Vice-President of the Society, occupied the chair.

Dr. W. C. Woods was present as a visitor.

The minutes of the preceding meeting were read and confirmed.

A letter was received from Dr. PINCOTT, the recently elected Vice-President of the Society, returning thanks for the honour thus conferred upon him.

NEW MEMBERS.

The following gentlemen were elected members of the Society:—
Mr. Wilfred Murch, L.S.A. Lond., of Carlton, proposed by Dr. Rowan, and seconded by Dr. Meyer; and Mr. William Augustus Sparling, M.R.C.S., L.R.C.P., of Hawthorn, proposed by Dr. Le Fevre and seconded by Dr. Graham.

Dr. Thomas and Dr. C. S. Ryan acted as scrutineers.

Seven gentlemen were duly nominated for election at the next monthly meeting.

PRESENTATION OF DEBENTURES.

Dr. NEILD said that much discussion had arisen at the Committee Meeting concerning the best mode of dealing with the Hall

debentures, and freeing the Society from the annual payment of interest upon them. He wished to make a beginning by surrendering those which he held. Dr. Neild then handed five debentures to the value of £25 to the chairman. Other members present signified their intention of following Dr. Neild's example.

Dr. ALLEN then proposed, and Dr. GIRDLESTONE seconded, a hearty vote of thanks to Dr. Neild, which was carried by acclamation and briefly acknowledged.

The HON. SECRETARY then read for the author the following paper :—

A SUGGESTION AS TO THE MODERN TREATMENT OF SNAKE POISONING.

By E. M. WUTH, M.D., Ch.D., A.O.D. Gies., M.D. Melb.,
of Townsville.

Some time ago I wrote to a friend of mine, in order to ascertain what had been done in the way of following up Professor Halford's theory of oxidation and deoxidation in the blood particles with reference to snake poison, and suggesting that experiments might be made in Victoria, where cases of snake-poison are proportionally numerous. I also drew the attention of our late lamented Dr. Day to the desirability of finding some easy method of producing oxygen, and conveying the gas in the quickest and most practicable way to the patients. I mentioned small balloon-bags as possible recipients. The answer was, that years ago such experiments had been tried, but with unsatisfactory results.

I have no time to look up all the several controversies on the subject of snake-poison, but of one thing I am sensitive, and that is a most lamentable want of progress in our own colonies in the investigation of this very important subject.

We hear from India that permanganate of potash has received a most earnest trial as an antidote, and that the subject was of so much interest that Royalty, by special acts of attention, promoted the investigation ; and judging from reports, the result has been that, up to the present time, permanganate of potash may justly claim to be considered an antidote. It has been said that snake-poison produces paralysis, and this accords with my own experience in cases of bites by the deaf adder. How, then, does this paralysis arise ? Is it by direct action of the poison on the

great nervous centres, or by a more subtle influence on the blood corpuscles themselves? The wonderful effect, extolled by some writers, of the direct action of stimulants (such as ammonia when injected into a vein, or brandy) on the nerves of the heart, and the consequent recoveries, would be in favour of the last proposition. Drooping of the eyelids, feeble action of heart, and complete suspension of the functions of the alimentary organs, have appeared to me, in fatal cases—especially of poisoning by deaf-adder—the most prominent symptoms, whilst respiration seems to be the least injured of all the bodily functions until the approach of the fatal issue. If, then, I say, we can do little or nothing by action through the alimentary organs, in consequence of their early paralysis when a fatal dose has been inserted by the snake's fang; if alcohol and ammonia, however valuable as diffusible stimulants, cannot, in presence of a full dose of the poison, prevent a lethal issue; and if it is the oxygen set free in the internal administration of the permanganate which has proved so successful as an antidote, why, then, should this gas not be brought in direct contact with the blood corpuscles through the medium of the lungs, whose vital functions we have seen to be but little impaired.

On the supposition that my theory was correct, and I was called to a case of confirmed snake-poisoning—say from a deaf-adder, admittedly the most poisonous of all Australian snakes—what would I do? After attending to the usual preliminary measures, such as ligaturing, sucking the wound, or cutting out the bitten part, perhaps also after injection of ammonia into a vein had been tried and found useless, I find the patient, a previously robust young man, being dragged about by two assistants; I am told that food passes through his bowels unchanged and involuntarily, and that he is unable even to swallow. In such a case of collapse, I would administer an enema of brandy as a "diffusible" stimulant; I further would place my patient seated, or, as the case may demand, in a somewhat recumbent posture in an open space, with free access to air, and let him inhale pure oxygen half a minute at a time, alternating it with ordinary air. When healthy reaction takes place, as evidenced by increasing vigour of the heart's action, the return of power in the levatores palpebræ, the less sluggish state of the pupils, &c., I would give the inhalations less frequently, and with less care to avoid admixture of atmospheric air, and would continue them at intervals for some hours,

till a sound sleep and restoration of all the vital functions indicate that the danger has passed. The patient may, besides proper nourishment, require the use of some stimulant for a considerable time, and I have found one part of laudanum, with three or four of aromatic spirit of ammonia, of great value in cases of delirium after recovery from snake-poison. The early drowsiness described by some writers I have found wonderfully absent, even in fatal cases of bites by deaf-adders; I conclude, therefore, that this symptom may often be attributed to an overdose of some alcoholic drink rather than to the effects of snake-poison. I may refer to this again at some future time by citing cases in illustration.

Townsville, 5th November, 1882.

Dr. GIRDLESTONE remarked that the paper seemed to lose much of the interest which might attach to it by apparently not being backed by actual personal experience. The writer stated that if he were called to a case of snake-bite, he *would* adopt a certain course of treatment. He had himself paid some attention to the subject, and found great difficulty in estimating recorded cases at their proper value, inasmuch as the reporters do not state the precise stage which the patient had reached when the remedy was used. The symptoms differ extremely according to the quantity of poison injected, and cases fall into two distinct groups, acute and chronic. Some die in a very short time, others in twelve hours, others in forty-eight hours. Chronic cases are quite unlike acute as regards symptoms, and the treatment should vary correspondingly. So also with the stage of the poisoning: in the latter periods, coma might be present, and then inhalation of oxygen might be of service, but not in the previous stages. Little information of any value could be obtained from the records of any case in which the stage at the time of treatment was not clearly indicated.

There was little doubt from the experiments of Vincent Richards that permanganate of potash was an absolute antidote. The utmost our Victorian snakes can do is to inject a poisonous dose; but Richards, after injection of two grains of the virus into a dog, speedily injected locally a strong solution of the permanganate, and no symptoms followed, although such a dose of the poison would apart from such treatment be rapidly fatal. The solution used was, he believed, two or three grains to the drachm. With our snakes, which injected comparatively a small amount of virus,

any fatal result might readily be averted if treatment were immediate; with excision, ligature, and local injection of permanganate, no fear need be entertained; but after five minutes the poison became disseminated through the system and different treatment then became necessary. If the blood were already black, with all the symptoms which must accompany that condition, then inhalation of oxygen might be very valuable.

Dr. JAMIESON noticed Dr. Wuth derived an argument in favour of inhalation of oxygen from the local effects of the permanganate; this was erroneous, for the latter only does good when it is injected into the bitten part and at once, so as to reach the poison on the spot and oxidise it, the drug here acting in the same way as in the destruction of other organic poisons. He could not suppose that the local injection would have any influence over the oxidation of the blood.

BARON VON MUELLER knew Dr. Wuth as an accomplished surgeon who had charge of the Townsville Hospital for a series of years, and he believed that Dr. Wuth must have some cases of value on which his opinions were based. Nothing could be easier than to have a hypodermic syringe and a solution of permanganate at hand, and in the country at least no practitioner should neglect this precaution. In India every year twenty thousand persons die from cobra bites, and hence the subject deserved the gravest investigation. He concurred with Dr. Girdlestone that the poisons of snakes are not identically the same; cobra poison may prove fatal in a few minutes, and this fact alone showed that some of the slower poisons of Australian snakes are different from it, and perhaps not only in intensity but altogether. Possibly ozone, the concentrated form of oxygen, might be drawn into use in extreme cases.

Dr. BRETT said that some years ago he had the pleasure of being at the Zoological gardens at home when Fayrer was experimenting with the poisons of the cobra and another snake even more venomous; the animals used were rabbits, guinea pigs, and mice; ammonia, galvanism, and oxygen were tried separately; the ammonia was most efficacious, but oxygen was destitute of any good effect. He had also seen oxygen given by Dr. Pavy for diabetes, with presumedly the same intent.

Dr. ALLEN said that though Dr. Wuth spoke hypothetically about his method of treatment, yet undoubtedly he had considerable personal experience, and at the close of his paper expressed

the intention of reporting cases in illustration of his views. The treatment of snake-poisoning, when once the virus had been absorbed, was confessedly difficult, and inhalation of oxygen might be worthy of more extended trial; the difficulty of carrying it into execution was at present a bar to its adoption in practice, and he feared that the difficulty would, in country practice at least, be insuperable. As Dr. Wuth had pointed out, there was a lamentable absence in these colonies of progress in the investigation of the *modus operandi* and treatment of snake poisoning; and it must be gratifying to the Society to find one of its members in so remote a part of Australia yet taking scientific interest in professional work, and endeavouring to add something to the sum of medical knowledge, or at least to stimulate others to research.

A CASE OF CROUP—TRACHEOTOMY—RECOVERY.

By R. A. STIRLING, M.B., L.R.C.S.

Assistant Surgeon to the Melbourne Hospital.

On November 8th, 1882, I was sent for by Dr. Graham to perform the operation of tracheotomy in a case of croup at the third stage. I found the patient a little boy, *æt.* 4, in a state of extreme orthopnoea, with whistling inspiration, very pale, his face bedewed with sweat, restless and anxious, and frequently clutching at his throat as if to remove some impediment to his breathing. There was marked abdominal breathing, depressed epigastrium, with in-drawn intercostal spaces. On examining the throat, no trace of any pseudo-membrane could be detected on the tonsils or veil of the palate. The glands at the angles of the jaw were unaffected.

His general condition was alarming, and indicated great prostration from the exaggerated efforts to breathe. There was dulness at the base of the right lung, but it was very difficult to determine the precise condition of the lungs on account of the noisy respiration.

The following history had been obtained :—On the evening of Cup day the patient had been caught in a heavy shower, and the following morning at 2 a.m. his mother was aroused by his croupy cough. Dr. Graham attended him, and in a few days the disease had remitted so much that he was looked upon as almost well, the cough and breathing however becoming a little troublesome towards evening.

Early on the morning of the day I saw him, the breathing suddenly became very difficult, the cough had ceased to have a croupy sound, save at long intervals, and the voice was reduced to a whisper. Although feeling that it offered the only chance of success, I was very loth to recommend tracheotomy, on account of the ill-success which I have always seen attend that operation when performed for croup or diphtheria, and further fortified with Dr. Snowball's opinion, we decided to wait a few hours and persevere with emetics and the internal exhibition of copaiba.

11 p.m.—Dr. Graham, Dr. Snowball, and I again saw the boy; he was sinking rapidly from exhaustion. Dr. Graham having given him chloroform, with Dr. Snowball's assistance I opened the upper rings of the trachea, operating very slowly; a large vein was cut in the first incision, but gave little trouble. The breathing, which ever since the inhalation of chloroform had been getting slower, by the time the tube was inserted had ceased altogether. We at once had recourse to artificial respiration, and in three-quarters of an hour the child was able to breathe naturally and well.

Nov. 9th, 8 a.m.—Sleeping quietly in an atmosphere of moist steam; passed a fair night, with occasional paroxysms of coughing, and expectoration through the tube of great quantities of a tough, sticky, coagulated exudation of the consistence of thick cream, which required constant cleansing of the tube. Neither now nor at any time in the further history of the case was there found any false membrane, in the true acceptation of the term. Temp. 100°; pulse 110; resp. 24.

3 p.m.—Temp. 100·4°; pulse 120; Resp. 30. Has taken nourishment well all day. No emphysema round wound; no abdominal breathing. Paroxysms of coughing frequent; tube frequently cleaned.

10 p.m.—Temp. 101°; resp. 30; pulse 108. Temperature of room kept at 80°.

Nov. 10th, 10 a.m.—Temp. 101°; resp. 30; pulse 110.

10 p.m.—His condition is now very alarming. Temp. 103·5°; pulse 130; resp. 30. The tube has to be removed every few minutes, and cleansed from the tenacious mucus which lines its interior. Even after the removal of the inner tube it requires some pains to free its lumen from the coagulated material. Ordered quinine gr. j 2ndis horis. Small quantities of wine to be frequently given.

Nov. 12th, 9 a.m.—Temp. 101°; pulse 130; resp. 28.

12 midnight.—The quantity of mucus discharged is less to day. He makes efforts to speak. Bowels moved by enema. Tongue cleaning and moist. Sleeps well. Temp. 102° ; resp. 24; pulse 115.

Nov. 13th.—Temp. 100.5° ; resp. 28; pulse 106.

9 p.m.—Temp. 100.8° ; resp. 20; pulse 110. Mucus is now serous in character; the tube requires only to be occasionally cleaned. Boy bright-looking and cheerful.

Nov. 15th.—Temp. normal; pulse normal. Slight inflammatory flush round wound, which disappeared next day. He is able to call out loudly when the tube is removed.

Nov. 23rd.—For several days Dr. Graham has removed the tube frequently, at first only for a few minutes, but gradually extending the interval to hours.

At 9 p.m. Dr. Graham removed the tube for the night, but was called to him early the next morning, just in time to prevent suffocation by again introducing the tube. However in a few hours breathing was allowed to take place through the natural passages and this time without any untoward result.

I saw the boy on the 25th, the wound was all but closed, and the breathing quite easy.

In the early part of December he came to me to report himself. The cervical wound was quite closed. His general health was good; he could speak quite loudly and distinctly, but with a slightly nasal accent.

NOTE.—Although Trousseau advises that the tube should be removed on the sixth day, it would have been quite impossible to have done so in this case, as we frequently assured ourselves by blocking up the external aperture. A case of successful tracheotomy was recently reported in I think the *British Medical Journal*, where the tube was allowed to remain in some four months, but in this instance they substituted an india-rubber tube for the metallic one after a few days, with great relief to pain, at any rate on introduction. Mr. Girdlestone has also suggested to me the propriety of using an india-rubber tube in cases of long standing and in any future cases I shall employ them.

The true diagnosis of this case is a question of some difficulty. No false membrane was expectorated or vomited at any time, as far as I could learn. The absence of the glandular enlargement in the submaxillary region pointed to the freedom of the pharynx. It is narrowed therefore to three diseases—laryngeal diphtheria, croup, and catarrhal laryngitis. It was not the latter I believe,

for this reason—the symptoms were too prolonged and too severe; they had that tendency to remission which is so constant a sign of true croup; and finally, catarrhal laryngitis rarely if ever proves fatal, more especially the way this child was dying—by prolonged exhaustion from dyspnoea. The only case I have seen of catarrhal laryngitis prove fatal, and in which we had the benefit of a post-mortem examination, occurred in an adult, who had only been ailing a few hours, and who died suddenly from spasm of the laryngeal muscles. In this case I performed tracheotomy within a minute after death, but without success.

Without going into the disputed question of the duality theory, I think this case may be fairly classified as croup, for the following reasons: The disease was sthenic in its nature; was confined solely to the larynx; and was followed by recovery and not paralysis. The causes of the dyspnoea were twofold—partly the inflammatory tumefaction of the mucous membrane; partly possibly some very thin transparent false membrane blocking up the rima glottidis; but more probably it was due to paralysis of the laryngeal muscles.

With regard to this point Niemeyer states: "The circumstance that children often die of croup, who during life evinced signs of the greatest dyspnoea, but in whom, after death, neither pseudo-membrane nor considerable swelling either of mucous membrane or of submucous tissue could be discovered, has given rise to the impression that in these cases spasmodic contraction of the laryngeal muscles has constricted the glottis. This view is contradictory to pathological and physiological fact.

He quotes Rokitansky to show "that the infiltrated, pale, relaxed, muscular tissue in croupous inflammation is stricken with palsy."

And as section of the par vagum in young animals furnishes absolute proof that paralysis of the muscles of the larynx produces dyspnoea, so it is that palsy of the muscles of the glottis forms an important element in the dyspnoea of croup.

In conclusion, therefore, this was a favourable case for operation. There was no croup membrane on the pharynx, and the dyspnoea was caused partly by the palsy of the laryngeal muscles. Still the asphyxia was marked and advanced; the pulse was flagging; the operation was delayed literally till the eleventh hour; and it was only to his powers of assimilation remaining good, and to the

assiduous attention that Dr. Graham paid to the after treatment, that I attribute his recovery.

Dr. BURKE remarked that he had performed tracheotomy in a child six or seven years old for acute croup after measles. He was called suddenly to the case, and was obliged to operate at once, there being no time to administer chloroform. No membrane at all was visible. Perfect recovery at last took place, but the patient was obliged to wear a tube for six months. He removed the tube three times, but had to replace it, as the child was almost dying in consequence. For days after the operation there was the same difficulty with viscid mucus as in Dr. Stirling's case. With regard to diphtheria, or diphtheritic croup as it is called, he did not think it was much benefited by tracheotomy. Years ago in Queensland he operated in several cases, and assisted in others; in Melbourne he had also assisted Mr. Fitzgerald in operating, but all the patients died within twelve to twenty-four hours.

Dr. ALLEN, though unwilling to reopen the vexed question of the identity of croup and diphtheria, yet felt bound to say that in every fatal case of so-called croup admitted into the Melbourne Hospital and examined post-mortem, he had found distinct false membrane. His experience was limited to the practice of a general Hospital, but, so far as it went, it clearly indicated that croup was but a name for a group of symptoms, and not in itself a disease at all; and where a child dies in Hospital with such symptoms the characteristic lesions of diphtheria will be found. The only exceptions he admitted were the rare cases of laryngismus stridulus proving fatal in miserable weakly children; as a boy he had himself been subject to laryngismus or bastard croup with almost every hot wind, but a few doses of vinum ipecac furnished an unpleasant but unfailing remedy. In nearly all cases of diphtheria admitted to the Melbourne Hospital the larynx was already affected, and the percentage of recoveries was very small. In a large proportion death occurred by progressive asthenia, the symptoms of apnoea never becoming prominent; in others, where suffocation threatened, tracheotomy was performed, and though death might be averted for a time, the fatal issue was only delayed. Recoveries after operation were more frequent when the patients were old enough to be controlled than with the very young; and if the operation is to be performed with reasonable chances of

success, it must not be postponed too long. One other point he might note, that patients convalescing from typhoid are apt to fall victims to diphtheria; in one such case he found membrane not only in the pharynx and larynx, but also lining the ulcers in the ileum. For notes of another case he was indebted to Dr. Neild.

Dr. JAMIESON would be glad to say a few words on this subject. A good deal of experience in the treatment of diphtheria had fallen to him; he had performed tracheotomy four or five times, but always with a fatal result. Sometimes the only available light was that of a candle, and the only assistant an old woman; there never was any difficulty in avoiding immediate danger, but death invariably followed at last. He had arrived at the definite conclusion that all fatal cases of croup were diphtheritic; he had seen severe enough cases of croup (not diphtheritic) recover, but if death took place, diphtheria was always present. Hence the threefold distinction drawn by Dr. Stirling between croup, laryngeal diphtheria, and catarrhal laryngitis did not seem to him very satisfactory. Laryngeal diphtheria is croup. Croup is only a symptomatic title, cases which receive this name having various causes. The case now under consideration appears not to have been diphtheritic, and to all appearances it would have died but for the operation; it may be, therefore, one of the rare cases (such as he had never seen himself) in which, with distinct croupy symptoms and no diphtheritic exudation, a fatal result would ensue unless tracheotomy be performed. Croup conjoined with diphtheria is always excessively dangerous.

Dr. GIRDLESTONE congratulated Dr. Stirling on the success of his case. If tracheotomy had not been performed, the child would certainly have died. The operation was not often successful, so that its good result gave him the more pleasure. In diphtheria, when membrane extends down the larynx, and the child is dying from asphyxia, operation is the only resort, and, under such circumstances, many children would be saved if it were done more frequently. It does no harm, and gives some chance of recovery; but parents object to permit it because you cannot say that it will *probably* be successful. As to the tube, he thought an elastic tube of the greatest value where it has to be worn for a long time; cases frequently occur in which a metal tube causes pain, or even deep ulceration, extending perhaps right through the trachea. All these troubles can be avoided by using an elastic tube. He believed he was the first person to

introduce them to the notice of the profession. In a paper read before the Society years before the elastic tubes were introduced at home, he described a case of ulceration of the larynx in which he performed tracheotomy, and the patient wore an elastic tube with perfect comfort. On the other hand, he knew of one case where a gentleman, some time after the operation, in a passion drew out a silver tube and threw it away, death being the consequence of the foolish act. Dr. Brett, however, had told him of cases in which a silver tube was worn for years. A silver tube should always be used at the operation, and in a few days should be replaced by an elastic tube.

Dr. ALLEN remarked that he had several times seen ulceration of the anterior wall of the trachea caused by the pressure of a silver tube.

Dr. WARREN, referring to cases in which the parents object to operative measures, suggested that an elastic catheter should be introduced through the glottis. He had no personal experience of this mode of treatment, but it had been recommended, and apparently the glottis will accustom itself to the presence of the foreign body. The administration of bromides would be advantageous at the same time.

Dr. LE FEVRE thought that bromide of potassium would be more useful if painted in strong solution over the whole throat, which would thereby become almost anæsthetic. He had little doubt that there were many cases of simple croup in this colony, in which the symptoms recurred night after night, the child being well in the warm of the day, but spasm of the laryngeal muscles setting in with the cold of the night, yielding readily, however, to tartar emetic.

Dr. ALLEN inquired if these were not cases of simple laryngismus stridulus.

Dr. LEFEVRE thought they were mixed cases of laryngismus and laryngitis, and it was to them the term croup was commonly applied.

Dr. STEWART referred to the trouble experienced in introducing catheters into the larynx, and remarked that in a case like that narrated by Dr. Stirling, a catheter would do no good.

Dr. STIRLING, in reply to Dr. Allen's remarks, said that certainly all the cases operated on at the Melbourne Hospital while he was resident medical officer were diphtheritic; but he did not think that the cases of genuine croup went thither for treatment, but

rather present themselves at the Children's Hospital. The dyspnoea in the present case might have been caused by cedema of the glottis, but he would draw special attention to the remarks of Niemeyer, quoted in his paper, that children often die from croup without exudation, but with palsy of the laryngeal muscles; he thought that explanation just suited the present case. Concerning diphtheria following typhoid, it has been said that one case of typhoid out of seventeen presents such a complication. The subject was dealt with in an interesting way in a recent number of the *Lancet* in reference to Mr. Fawcett's case. Dr. Jamieson, in opposing the dual nature of croup and diphtheria, agreed with Morell Mackenzie and others, but he was opposed to the bulk of authority. For himself, he could not accept the dogma that laryngeal diphtheria is croup; he believed that in this colony cases of croup do occur quite apart from diphtheria.

EXHIBITS BY DR. ALLEN.

Dr. ALLEN then exhibited the following specimens, and gave abstracts of the histories which are here subjoined :

I. Aneurism of Descending Aorta : Complete Erosion of the Spine.

The specimen was removed from F. S., æt. 52, a cigar-maker, who was admitted under care of Dr. Williams, November 17th, 1882, complaining of pain in right hip, right side, and back; dyspnoea and palpitation on exertion, loss of motion in left leg and arm, impairment of speech, frequent micturition, often dribbling of urine, more or less insomnia, and general weakness. There was some emaciation, no cedema of feet, partial hemiplegia of left side; tongue protruded in median line, left angle of mouth a little drooping, voice hoarse and speech lisping, sight unaffected, pupils equal; the whole chest shaken by the heart's impulse; apex beat in sixth interspace, diffused over an area of nearly three inches, very forcible, lifting the head; a pulsation also felt at episternal notch. Cardiac dulness increased, bruit with first and second sound at apex; loud prolonged bruit with second sound at base, transmitted up and down the sternum and along the arteries. A systolic bruit audible all down the left side of the spine in the abdominal aorta, and in the femoral arteries. Pulses equal at wrists, locomotive and water-hammer in character, sphygmographic tracing that of aortic regurgitation. There is no venous congestion anywhere. Lungs normal, no cough or

expectoration ; tongue moist, slightly furred ; bowels irregular ; appetite poor ; no difficulty in swallowing ; urine normal. Has no headache or giddiness ; no gnawing pains ; has a Potts' curvature, the boss being at the eleventh dorsal vertebra. His first illness was an attack of rheumatism twenty years ago. Subsequent to this he had occasional attacks of palpitation, and noticed slight dyspnoea occasionally. Twelve years ago had a paralytic stroke, falling down suddenly, *without* loss of consciousness ; motion gradually returned, and in three months he could walk without a limp. Six months later he had a similar stroke, from which he also gradually recovered, though speech has never been perfect since. Six months later again he had another stroke, from which he has never perfectly recovered. His spinal curvature was first noticed nine years ago. Has always been temperate and regular in habits. No family history of importance.

Patient continued much the same, except for increasing weakness, till about the 2nd of December, when he complained of cough. His sputa were bronchitic. From this time he began to noticeably fail. His expression was anxious, breathing distressed, and he had paroxysmal attacks of pain extending from the back round the abdomen, and sometimes into the legs. On the 13th of January a marked pulsation was felt posteriorly on the left side, close to the boss on the spine, with a harsh systolic bruit over the pulsating area. The pain was localised here. Then he lost motion in his legs, and gradually sank, being never free from pain except when under the influence of morphia. On the afternoon of the 7th of February he became suddenly collapsed, and died shortly afterwards.

For this history I am indebted to Dr. Syme, the resident medical officer in charge of the case.

When the autopsy was made, there was found under the crura of the diaphragm a large rounded aneurismal sac, which spread both to the right and left of the spinal column, but especially to the right. It bulged freely into both the thoracic and abdominal cavities, especially into the right pleural sac. It was not, however, very prominent in the middle line. Posteriorly it had destroyed the greater part of the bodies of the two corresponding dorsal vertebræ, with the cartilage between them, so as to expose the dura mater from side to side through a vertical distance of about three-fourths of an inch, the solid column formed by the bodies of the vertebræ being thus completely interrupted. The

nerves passing out on the left side were also completely exposed. As a secondary result there was decided spinal curvature with a broadly rounded projecting boss behind.

The œsophagus and right pneumogastric nerve lay along side of the tumour, but were easily detached from it. The splanchnics were lost in the wall of the sac. The thoracic duct was much compressed. The sac contained a large quantity of pale laminated fibrin of considerable density; on its anterior aspect there was a ragged slit about an inch long leading into the right pleural cavity, which was full of dark clotted blood.

The body of the deceased was extremely emaciated. The left ventricle was hypertrophied and dilated, the valves however being fairly healthy; notwithstanding the death from hæmorrhage, the left ventricle was contracted with moderate firmness, and there was some degree of hypostatic congestion of the lungs.

The whole aorta was exceedingly atheromatous from the valves downward, being studded with opaque white bosses, and with yellow thickenings of the inner coats, a few small calcareous plates being found here and there. Near the valves two patches exhibited advanced phases of atheroma; one of them had opened, so as to form a small but distinct ulcer; the other presented a short ragged slit in the inner coat, partly bounded by a calcareous plate, and leading down to a dull, reddish yellow, soft deposit in the wall of the vessel. Over the first portion of the aortic arch there were some old-standing bridle-like adhesions between the two layers of the pericardium.

II. Typhoid Fever.

This specimen shows the lower part of ileum with the ileo-cæcal valve, obtained from a man who was found to be dead when taken to the hospital.

Throughout the lower nine feet of the ileum there were huge ulcers, occupying the whole extent of the Peyer's patches, with thick congested edges and opaque reddened bases, to which some yellow slough was often adherent. The solitary glands were also much swollen, some being pinkish, some yellowish, some already sloughing at their apices. The mesenteric glands deep purple, swollen, succulent, and friable. The spleen large; the lungs intensely congested.

The patient lived at Rushworth, and was found there in a state of active delirium. Two medical men were called in, who

ultimately declared the man a lunatic, whereupon he was consigned to one of the metropolitan asylums in charge of a constable. Unfortunately he never reached his destination, but died immediately after removal from the train.

There was here, therefore, a case of typhoid fever in the second week, with active delirium. What could the local practitioners do with it? There was no hospital, no fit apartments at the lockup, and only a single constable; no hotel or other accommodation could be obtained for such a case, and the opinion given by the medical men was probably the one which tended most to the well-being of the patient. Had they distinctly recognised the case as one of typhoid fever, and recommended removal to a hospital, the magistrates would have hesitated, and time would have been lost; but the lunacy certificates ensured removal to town at once. There is no doubt that the treatment of such patients in the country is beset with the greatest difficulties, and even on that ground alone I think the case deserves the attention of the society.

III.—Typhoid Fever, with reticular pitting of Peyer's Patches.

This specimen was obtained from A. E., a lad aged 16, who was admitted under the care of Dr. Robertson on January 23rd, 1883. He had been ill about three days, the first symptoms being shivering, followed by headache, fever, and weakness. The abdomen was somewhat distended, and the bowels tended to be confined. The temperature on admission was 104°. On the following days the ranges of temperature were as follows:—

			Morning.	Evening.
January 24	...	...	104.2°	105.2°
„ 25	...	...	104°	105.4°
„ 26	...	...	104°	103°

Delirium, at first only observed at night, became constant and violent; the face became turgid; there was dulness over the chest; and death occurred on the 27th.

At the autopsy, the lower seven feet of the ileum displayed typhoid lesions; Peyer's patches, especially near the valve, being swollen and covered with a network of little pits, each little pit having a free edge, which floated up when a stream of water was directed into it; the patches themselves were usually pale, but were surrounded by zones of deep congestion. There was a single small ulcer in the cæcum; the mesenteric glands swollen, purple,

and succulent. The spleen dark, congested, friable, weighing seven ounces; the lungs intensely congested and friable; the heart completely relaxed and flabby, the blood being dark and fluid.

Note.—This case, like the last, proved fatal at an unusually early period, i.e. in the second week, indicating the severity of the present outbreak of typhoid fever. But its course was peculiar, as, notwithstanding the high range of temperature and the death consequent on congestion of the lungs and paralysis of the heart, the bowel lesions were very mild, only presenting the *plaques à surface réticulée* described by French writers. It must be remembered that the Peyer's patches are composed of little follicles of lymphoid tissue, imperfectly walled in by denser tissue of the same kind, and thus communicating more or less freely with other lymphoid tissue in the deep layers of the mucous membrane around and between the follicles. When the local lesions are intense, the whole patches slough; but in rarer cases each follicle opens independently, the less perfect lymphoid tissue between the capsules suffering little or not at all. But it is evident from the present case, and others resembling it, that a minimum of intestinal mischief may be co-existent with high fever, even with hyperpyrexia and all the evils consequent upon it.

IV.—Typhoid Ulcers complicated with local tuberculosis.

E. F., æt 33, was admitted under the care of Dr. Robertson on January 28th, 1882, having been ill eight days, the most prominent symptoms being headache, followed by fever, the patient subsequently becoming drowsy and stupid. The tongue became dry, congestion of the lungs became marked, the pulse failed, and death occurred three days after admission.

At the autopsy the muscles were found deep-coloured, the lungs heavy, deep purple, gorged with fluid and friable; the spleen swollen, turgid, dark, and friable; the mesenteric glands large, purplish grey, inclining to pallor. In the ileum, four feet above the valve, Peyer's patches were swollen, pale, opaque, without defined ulceration. Lower down they were more swollen, their edges being thickened, raised, and congested, while their bases were covered with yellow adherent slough. Others had depressed opaque grayish bases, still with thickened edges, and tended to spread transversely, while the vessels of the peritoneum opposite were deeply injected. Still lower down, near and on the valve,

there were huge swollen patches, many still covered with yellow adherent slough ; and opposite these, the sub-peritoneal tissue was studded with distinct, greyish white granules.

Note.—It is difficult to interpret the sequence of events in this case ; the history is very imperfect, and the case was for a very short time under observation. The large spleen and the bowel lesions establish the diagnosis of typhoid, while the comparative pallor of the mesenteric glands, and the presence of distinct grey granules in the sub-peritoneal tissue opposite the ulcers, shows equally the tubercular development. In several cases of typhoid of three or more weeks duration I have found the ulcers tending to become transverse, and miliary granules appearing in the sub-peritoneal tissue opposite them, while the lungs were either free from tubercle, or displayed only the cicatrised and encapsuled remnants of some old phthisical process. In one year alone four or five such cases presented themselves in the pathological theatre. But I have never, except on this occasion, seen any tendency to a local tuberculosis at so early a stage in a typhoid case. Yet I could not satisfy myself that there had been any tubercular lesions in the intestine antecedent to the typhoid. Some of the ulcers, however, seemed more than a fortnight old, and it may have been a case of relapsing typhoid, the primary symptoms being obscure and insidious.

V.—Diabetes, with lesions in the left semilunar ganglion.

The semilunar ganglia here shown were removed from a patient named F. F., who had suffered from polyuria and inordinate appetite for twenty years. For two years he suffered from pain and a feeling of fulness in the region of the stomach. He was for many months in hospital, under the care of Dr. Moloney. Sugar was first discovered in his urine on July 19th, 1882, when he was passing 14 pints daily, of specific gravity 1028. In September the gravity had risen to 1036 ; in October, from an examination performed by Professor Halford, it appeared that 20 ounces of sugar were being excreted in the 24 hours. In November the quantity of urine decreased to 8 pints a day, and diarrhoea and cough became troublesome. The patient also suffered from severe neuralgia of the first and second branch of the fifth cranial nerve, confined, however, to the right side. The appetite was usually inordinate, but fluid was taken after almost every mouthful. At the beginning of December phthisis was rapidly progressive ; the urine measured only three pints a day,

and on the 28th he perspired for the first time. Cough, fetid expectoration, hæmoptysis, and emaciation now were the prominent symptoms, and early in 1883 subacute pleurisy was added, and death ensued on February 1st.

At the autopsy, the body was found much emaciated; the legs slightly œdematous. The *lungs* were studded with cavities, large cheesy nodules, and yellow softening tubercles. The left pleural cavity was obliterated above by old adhesions, but the lower half contained much turbid, slightly yellow fluid, the lung itself being covered by false membranes of various ages, with patches of soft recent adhesions here and there. The *heart* was displaced to the right, and tilted so as to be almost vertically in the middle line; its substance was flabby, its weight $8\frac{1}{2}$ ounces. The *liver* was tough and fibroid, the surface puckered at parts, and mottled with reticular opaque grey (fibroid) lines beneath the capsule; the cut surface was of deep reddish colour; weight 71 ounces. The *kidneys* were congested, the capsules peeling with a fair degree of ease; the surface smooth, except that here and there over the left kidney there were small shallow depressions, of greyish colour; the cortices were broad and streaky, the opaque yellow striæ running into the bases of the pyramids. This was specially marked in the left kidney, which contained several yellowish-grey patches of considerable size; weight of both kidneys, $11\frac{1}{2}$ ounces. The *spleen* was large and flabby, though its fibroid septa were very distinct; weight $10\frac{1}{2}$ ounces. The *peritoneum* was deeply pigmented, especially in the pelvis. The *urinary bladder* hypertrophied, firmly contracted; the mucous membrane congested, and at parts slightly granular.

The *semilunar ganglia* were next examined. That of the right side was slightly enlarged and rather tough; but the left one was of very unusual size, about five times the size of its fellow and extremely tough, being enclosed in a very distinct thickened capsule which was closely adherent to the adjacent blood vessels. The great splanchnic nerve before entering it divided into two branches, one of which was much more intimately connected with it than the other. The ganglion itself was very irregular in form, firm, almost fibroid, the nerves leaving it being of large size. Of the nerves which joined it above, some branches passed right through its substance, while others were imbedded in its surfaces.

The *brain* weighed forty-three ounces; the sulci were gaping, the edges of the cerebral convolutions being reduced at parts

almost to mere lines; the membranes were thick and succulent, the intracranial fluid increased in quantity. The medulla oblongata presented no trace of pitting and no unusual vascular development.

Note.—Cases of diabetes associated with disease of the medulla oblongata have been recorded in sufficient numbers, and from experiment we know that glycosuria may be produced by any lesions of the nerves which intervene between the great vaso-motor centre and the vessels of the liver and kidneys. The case just given is a rare example of the same result being produced by disease, the vaso-motor paralysis and the consequent hyperæmia being exemplified by the deep red colour of the liver and the pigmentation of the peritoneum. Among the symptoms I would specially draw attention to the long-standing pain and fulness in the region of the stomach, and to the intractable diarrhoea, apart from ulceration of the bowels, which troubled him during the closing months of his life. The long duration of polyuria, twenty years, is also worthy of special notice.

Dr. ALLEN would also express his thanks to Dr. Bage and Dr. Barrett for their assistance in compiling the histories of these cases.

A conversational discussion then ensued.

SPECIAL MEETING.

A special meeting was then held to consider proposed alterations in the Rules of the Society.

Dr. ALLEN moved "That the Editors of the *Australian Medical Journal* be *ex-officio* members of the Committee of Management." He pointed out that the Journal was the recognized organ of the Society: and that the Editors were elected at the Annual Meeting with the other office-bearers; that it was essential that the Editors should be fully aware of all the proceedings of the Society, both public and private; that the present quorum of Committee was large, and some inconvenience from time to time resulted therefrom; and that this inconvenience would be removed by slightly increasing the number of the Committee in the manner indicated.

Dr. LEFEVRE seconded the motion, which, after discussion, was carried without dissent.

In order to give effect to the above resolution, it was determined, on the motion of Dr. Allen, that Rule 3 be amended by inserting, after the word "Librarian" in the fourth line, the words, "three Editors of the *Australian Medical Journal*."

Australian Medical Journal.

FEBRUARY 1883.

THE REMOVAL OF THE MELBOURNE HOSPITAL.

In the question of Hospital improvement, so far at least as concerns our chief metropolitan institution, distinct progress has been made. The Committee have at last admitted that the question of the removal of the Melbourne Hospital to some other site is one which at least admits of discussion. There have been considerable changes in the constitution of the Committee since the inquiries and discussions were so actively carried on about a year ago; and the moderation of tone now exhibited is of itself a proof that these changes have been for the better. The matter has been remitted to a meeting of the governors, to be held on the 28th inst., and for the present we can only give a short consideration to a few general points. If it should happen that removal is resolved on, we will then feel it to be a duty to discuss, in order, many details of site, size, construction, &c., which as yet it would be premature to enter on. As to the general question of the desirability of removal to some better situation, we think that the balance of argument, and of opinion possessing weight, is distinctly in favour of a change. It is impossible that the present buildings can for any considerable time be either adequate or suitable, and the longer the delay the more difficult and expensive will it be to secure another site possessing proper advantages, both in extent and situation. The present buildings are in great part badly constructed, so badly as to be incapable of improvement unless by a very large expenditure of money. Though the site is perhaps large enough, if it had been properly utilised, it is certain that, as things are, the different blocks of buildings have been very badly arranged, so that they crowd each other, with the result that both lighting and ventilation are interfered with. And yet although this has been again and again pointed out, there was a proposal at one of the very last meetings of Committee to make another erection, by way

of addition to the confused labyrinth. We must insist that any expenditure on permanent additions to the present buildings, whether amounting to thousands, or only to hundreds of pounds, is quite unjustifiable. But as changes of many kinds are urgently demanded, in the directions both of improved construction and increased accommodation, we see no right way of meeting the difficulty but in rebuilding after the best modern system on a fresh site. Not only would it be to the advantage of the patients, but it would tend to favour economy, and admit of the introduction of other reforms, which are never likely to be carried out except as parts of a complete and radical change. Among the reforms needed are some alterations in the constitution and mode of election of the governing committee; a change in the system of electing members of the honorary medical staff, and a clearer definition of their rights and duties within their own sphere; and last, though from our point of view not least, a closer association with the University in the training of medical students. Hitherto there has been too little consideration given to the work last referred to, and no one can say that the result has been other than injurious to the cause of medical education, the furtherance of which is after all one of the most important functions of such a hospital as the Melbourne one. Various suggestions have been thrown out on the subject of desirable sites and localities for a new hospital. The merits of these we will not for the present enter on; but we cannot forbear from expressing the opinion, that Mr. Service did not show his ordinary measure of good sense in proposing that there should be an amalgamation with the Alfred Hospital. Whatever is done, it may be safely taken for granted that that proposal will not be carried out. We hope that all our professional brethren will take an interest in the discussion again raised, and that they will help to shape popular opinion; since, in our democratic community, this, like other questions, will doubtless be settled by count of heads, without any guarantee that the heads have any store either of wisdom or special knowledge.

POPULAR SCIENCE.

There has been sent to us a copy of the *Sydney Daily Telegraph*, published toward the end of last year. It contains, under the heading SCIENTIFIC, what purports to be No. 7 of a series of articles on Diseases of the Ear. We have not seen any of the preceding articles, and are not aware whether the series has been continued, but it may be interesting to cull a few extracts from this particular contribution, for the purpose of showing what kind of scientific information a well established and generally respectable paper considers to be needed by, and calculated to be useful to, its readers. There is nothing to show that the article, extending to nearly two columns, has been inserted as an advertisement. It is the work of a certain "Professor," who, not very long ago, favoured the Melbourne public with his presence in the course of his travels. In some respects this travelling "Professor" resembles Paracelsus, and certain other scholars and physicians living in the period of the revival of letters. He wanders about from place to place, and he abuses the orthodox practitioners of medicine. Like Paracelsus, too, his utterances are often a little obscure; but here the resemblance ends, since the obscurity of our "Professor" is due simply to ignorance, not only of science, but of the ordinary rules of composition. He instructs his readers about the mucous membranes of the ear in the following terms: "They have the same dermatite structure, except that they are not so fully supplied with elastic tissue plasmostic cells, the fundamental layer is covered by an epidellian layer of different kinds, according to the locality to which the tissue is native. Besides this characteristic, the mucus appropriates particular organ more or less considerable in number, and generally known under the generic name of glands. These glandulars discharge a humour that unites to the cells in varying gradations of developments. This is sometimes mixed with the liquid as given out which prevents the formation of superficial tissue and constitutes the mucus." The "Professor" is discussing specially the subject of accumulation of fluid in the

tympenic cavity, and this is his account of its origin: "The rapid proliferation of the epithelion thickness, the serous secreting from the fixed vascular net, are the two factors of the disease, which, combined in different proportions, exhibit the variations observed by anatomical explorers." Even after this explanation, however, he has to give a doubtful opinion of the exactness of our knowledge, and does so in the following words: "Leaving then farther observation to the great master, which the time office to establish, if it is to be accepted a serous otite of the middle ear, we retain that in actual state of otologic science, in front of the scarcity of the examined cases, which does not appear concludent, and it is absolutely impossible to accept the conclusion of some authorities."

After these specimens, which in spelling and punctuation are exact copies, it can hardly be supposed necessary to present further proof of the correctness of the opinion above expressed of the character of this "scientific" article. We cannot believe that such stuff was admitted to the columns of the *Sydney Daily Telegraph* on its merits as a contribution, whether paid for or not. We can only assume that it was really an advertisement, though not ostensibly such. No one of even average knowledge and common sense could suppose it to have the slightest value, and its chief interest consists in the evidence it supplies of the depth of popular ignorance on medical subjects. We are inclined to believe that the editors of our Melbourne daily papers have a rather higher estimate of the intelligence of their readers. But that any such heaping together of absurd or meaningless sentences should get into print at all shows, with perfect clearness, how great is the need that the public should get some reliable information about the structure and functions of the human body, and the chief causes of disease. The introduction of physiology into the list of subjects at the Matriculation examinations in the Melbourne University, and the encouragement given by the Victorian Education Department to teachers to qualify themselves for certificates in that subject, must ultimately bear fruit. And only when laymen of even average education know something about

their own bodies will they be likely to discriminate between the properly educated medical man and the ignorant and impudent charlatan.

Extracts from the Medical Journals.

PHILADELPHIA MEDICAL TIMES.

Dr. Formad on the Bacillus Tuberculosis.—In a paper read by invitation before the Philadelphia County Medical Society, Dr. Formad, lecturer on experimental pathology in the University of Pennsylvania, stated that his researches clearly showed that the so-called scrofulous habit or tendency to tuberculosis was due to a peculiarity in the connective tissues of the individual, the lymph spaces being narrow and partially obliterated by cellular elements; only beings with such anomalous structure can have primary tuberculosis, and any inflammation in them must be of a tuberculous character, although it might remain local and harmless; no inflammation, no tuberculosis. No external etiological influences are necessary to cause tubercular disease other than those which ordinarily produce inflammation. Non-scrofulous men or animals may acquire the predisposition to tuberculosis through mal-nutrition and confinement, which lead to the above-mentioned peculiarities in the connective tissue. Non-scrofulous animals, as well as men, may acquire tubercular disease through injuries of serous membranes (including the anterior chamber and choroid), and this without any special virus whatever. Koch has not proved the parasitic nature of phthisis, or that any special bacillus tuberculosis exists; "the presence of bacilli (as far as our present research goes) is secondary, and appears to *condition* the complete destruction of the tissue already diseased and infested by them, and this destruction is in direct proportion to the quantity of the organisms, which thus regulate the prognosis. The tubercular tissue seems to serve merely as a nidus for the growth of the bacillus. . . . From the results of microscopic examination, from numerous observations made upon the post-mortem table, and on clinical grounds, I have come to the conclusion that phthisis is not a specific infectious disease, but that the individuals suffering from tubercular disease are themselves specific."

Dr. Formad adduces more or less weighty evidence to support every one of these contentions. He remarks that "in non-scorfulous animals, viz., other than rabbits and guinea pigs, neither Robinson, nor Wood and myself, nor any other experimenter, ever succeeded in producing tuberculosis by inoculation, unless done into peritoneum or anterior chamber of the eye." "Litten and others have pointed out that true miliary tuberculosis may be caused by acute pleurisy and peritonitis in persons not predisposed to phthisis, and without any cheesy masses being found in any part of the body;" and we know that inflammatory products in serous membranes often take the form of false tubercles. Again, in the experiments of Wood and Formad, conducted with reference to diphtheria, all the rabbits and guinea pigs, with few exceptions, which were subjected to injury in any part and survived the immediate effects, died of tuberculosis if they lived long enough to develop it. Formad writes again that "miliary aggregations are but secondary products. All primary tubercular products are simple infiltrations of lymphoid cells, like those of any inflammatory process, only that they permanently fill the lymph spaces, making usually undue pressure upon the blood-vessels, and obliterating the latter. In primary tuberculosis there are only in exceptional cases more extensive circumscribed aggregations of lymphoid cells, approaching miliary nodules. . . . It is the absence of distinct miliary *nodules* which has led to the belief that phthisis might exist without tuberculosis. Giant cells are also no criterion for tubercular tissues." "It is clearly proved that no infective agent is required to produce tuberculosis. It is possible that Koch's bacillus in itself is capable of inducing the disease. There are at present no positive proofs either for or against it."

Dr. Vincent Edwards, of Brompton Hospital, during seventeen years never observed a case of infection from person to person. "The belief that milk or meat from tuberculous animals produces consumption when used as food is also not warranted by scientific observation."

"Koch has discovered that tubercle tissue is always infested by bacilli, and this is correct; but this tubercle-tissue is not created on account of or caused by the bacilli. These organisms invade the tissue in question solely because it is a culture medium favouring their predominant development. As soon as tubercle tissue undergoes complete cheesy degeneration and softening, the bacilli—Koch acknowledges this also—disappear from that

locality nearly altogether, because no food is left. . . . My assistant, Dr. Bodamer, and myself, after prolonged study with instruments as good as those of Koch, and after using all known methods of staining, have failed so far to see any special features in the bacillus in question which would make it distinct from other bacilli."

Finally, Dr. Formad concludes as follows:—"Whether or not the bacillus tuberculosis stands in any causative relation at all with tuberculosis only future investigations will show. It appears to me, however, that the bacillus still plays a very important rôle in phthisis, viz., perhaps conditions the fatal issue of the disease. Bacteria appear to effect the complete destruction of diseased tissues, which, without being infested by them, would recover to a normal state, or transform themselves into a harmless tissue. The study of bacteria as *causa mortis* is by no means less important than that of *causa* or *materia morbi*." A.

THE LANCET.

DECEMBER.

Dr. Henderson, of Shanghai, reports three cases of acute epididymitis treated by salicylate of soda in large doses. He regards the results obtained in these cases as sufficiently good to warrant further trial of the remedy, and entertains "the hope of finding by more extended experience that we possess in salicylate of soda a drug which exercises something very like specific influence over the disease." The drug seemed to have acted in these cases very rapidly—allaying the fever-heat, and inducing profuse diaphoresis, and a subsistence of the acute pain in a very short time. Dr. Henderson advises that only acute cases should be selected, and that the dose of the salt should be not less than twenty grains, and should be repeated hourly until at least three doses are taken.

Mr. T. J. Hudson brings before the notice of the profession the admirable qualities of the eucalyptus rostrata as a remedy for diarrhoea, and notices several varieties of that disease in which it is applicable. It is said to adhere "firmly to the mucous surfaces, diminishing their secretion, coagulating the albumen, the uncombined portion serving to constrict and contract the vessels of the gut, and to give the latter tone." Mr. Hudson recommends

that the gum should not be given too near food, as the tannic acid it contains is a solvent of the gastric juice.

Mr. Sydney Jones, of St. Thomas's Hospital, reports a case of popliteal aneurism cured by the use of Esmarch's bandage, followed by digital pressure. After preparatory treatment, the bandage was applied to the patient, who was a clerk, and aged 30. The bandage was applied gradually from the toes upwards, the patient standing up to allow the sac to fill. The aneurism was not included, nor was the elastic ligature used. This was kept on for one hour and a quarter. When the bandage was removed pulsation recommenced, so digital pressure was at once started, and kept up for eleven hours, when all pulsation had ceased; at the end of nine hours the pulsation had much diminished, but did not stop until two hours later.

The following is an abstract of the paper on Resection of Portions of Intestine, read at the Royal Medical and Chirurgical Society, by Mr. Frederick Treves, F.R.C.S.—“Portions of gut have been excised for various diseased conditions from all parts of the tube, from the pylorus to the rectum. In properly selected cases, resection would appear to be indicated in some forms of intus-susception when all other means have failed, and when, on opening the abdomen, the invagination is found to be irreducible, in gangrene of gut after strangulated hernia, in gangrene after some forms of internal strangulation, in non-malignant strictures of the small and large intestine, and in malignant strictures that are yet local. Other things being equal the mortality after resection would appear to depend more upon faults in the details of the operation, than upon any other single cause. There are two procedures: in one an artificial anus is established after resection; in the other, the two ends of the divided gut are united by sutures and the mass returned into the abdomen. The operation of uniting the bowel after resection presents these difficulties. It is not easy to maintain the two ends of the gut in accurate apposition while the sutures are being introduced. The sutures are apt to be irregular. The gut above the obstruction is usually much dilated, while that below is shrunken, and it has been found almost impossible to unite well these unequal parts. One of the most common causes of death, therefore, after the operation is due to escape of intestinal contents at the suture line. Mr. Treves then describes an apparatus by which he is able to introduce the sutures into the gut with comparative ease and

nicety. He uses at least fifteen to twenty sutures. "By means of this appliance it is possible to excise portions of the colon through an incision in the middle line."

Dr. Routh at the meeting of the London Medical Society read a paper on the "Difficulty of Diagnosing True Syphilis in Women, and the Nature of its Contagion." He remarked that it was proved (1) that a female could contaminate by her secretions alone; (2) or by mediate contagion, owing to promiscuous intercourse; (3) that women who had been cured of syphilis so as to be incapable of inoculation might yet be fertile sources of infection.

Myositis Ossificans.—At a recent meeting of the Vienna Medical Society Prof. Podrazki exhibited a soldier affected with this rare condition. Four weeks previously the man had applied for treatment on account of an intense inflammation of the muscles on the front of the right upper arm, apparently set up by severe gymnastic exercise. The muscles were large, hard, and uneven, and the elbow joint was fixed in flexion. At the end of two weeks a hard, round, movable tumour developed in the flexor of the elbow, which was evidently due to an ossification of the brachialis anticus. At first it was movable, the upper part appearing to be cartilaginous, and it was evidently not connected with the periosteum.

Dr. Southey makes the following remarks concerning three cases of acute rheumatism, complicated with pericarditis and pleuropneumonia. "I have taken three cases of pericarditis that had well-marked pericardial effusion; no rare, no exceptional cases, but all illustrating a rule so invariable in my experience that I have often wondered it should have escaped comment—the association of pericardial effusion with pneumonia of the lower lobe of the left lung, or with pneumonia of the middle symmetrical portions of both lungs. In slight pericardial effusion this complication is not met with; in large effusion it is invariable. I do not remember to have ever found this pneumonic rheumatic complication independently of pericardial effusion, although I have seen repeated examples of slight superficial rheumatic pericarditis which were not thus complicated." Dr. Southey considers that this rheumatic pneumonia has a far more favourable prognosis than either its extent or occasional doubleness would at first thought entitle it to. The treatment he adopts is subduing the joint pains by opium, so that the patient may be moved into a less

dorsal position, propping up the patient by pillows and administration of stimulants.

R. A. S.

MEDICAL TIMES AND GAZETTE.

DECEMBER.

Dr. Prosser James finds dialysed iron one of the best preparations of that metal when other than astringent purposes are desired of it. As a rule, the red corpuscles in the blood of anæmic people steadily increases when they take this preparation, and it is superior to most of the other iron salts in that it causes no gastric troubles. It may be given by the mouth in doses of m. xv—xx, or up to 3j, but the smaller dose is preferable. Hypodermically, it may be used successfully in doses of m. xv and upwards. It is superior to the hydrated peroxide as an antidote to arsenic, and does not deteriorate by keeping.

A comparison has been instituted between the numbers of cases of accidental diseases of wounds that have occurred in Billroth's Clinic during the five years 1877—1881, and during previous series of five years. During the last, Listerism has been used in the treatment of most of the external wounds, and iodoform applied to those situate in cavities like the vagina and rectum; and during this time these wound diseases have progressively decreased.

Dr. Powell, of the Middlesex Hospital, in writing on the treatment of acute pleurisy with effusion, points out that a limited amount of effusion is necessary in acute pleurisy to relieve intra-thoracic pressure, to keep the lung quiet, and to separate the inflamed pleural surfaces. If, therefore, there was no bulging, and there was skodaic resonance down to the third rib, he would not remove any fluid unless the case was protracted. If, however, there was bulging, and resonance extended down to the second rib only, and so intra-thoracic pressure was increased and the pulmonary circulation interfered with, he would remove a portion of the fluid about the second or third week, but not earlier. The point he selects for tapping is the sixth intercostal space, in the mid-axillary line, because (in addition to other reasons) he here avoids the flocculi of lymph that gravitate toward the back of the pleural cavity, and would obstruct the canula if he tapped further back. He uses a syphon trochar, with a mercurial manometer attached; and he finds by the latter that, when a portion

of the fluid has been drawn off, the intra-thoracic pressure is reduced to *nil*, so that any further removal of fluid simply means suction in the pleural cavity, and consequent increased effusion. He therefore leaves the remaining fluid to be absorbed. In acute purulent effusion, the opening must be in the most dependent position—at the seventh or eighth interspace in the posterior axillary line, and the subsequent dressings must be strictly antiseptic. He recommends that, a day or two before the opening is made, part of the pus should be drawn off with an aspirator, to allow the lung to expand a little. In chronic empyema, the natural openings sometimes formed (for example, through the lung) are always insufficient to procure drainage, and the evacuant treatment should be always carried out.

Dr. Ralfe believes that *unadulterated* nitrite of sodium is a valuable drug in the following cases of epilepsy: 1. Where bromides cause bromism or otherwise disagree. 2. Where they are losing their effect. 3. Where the attacks are slight, as in the young; and that it is of little use where the bromides do good.

Dr. Sprengel found that in 131 cases of carcinoma of the breast, the principal elements in the causation seemed to be—irregular lactation; the fact of the patient having previously borne many children; some long continued irritation. Hereditary influence was only traceable in thirteen cases. In fifteen there had been no recurrence at the end of three years.

Dr. Bruntyel excised a fibroid tumour of the capsule of the left kidney along with that organ. The tumour filled nearly the whole abdominal cavity, and weighed 37½ lbs. The patient, a female, æt. 33, had suffered from the presence of the tumour for five years. The operator made an incision from the ensiform cartilage to the symphysis pubis, and on opening the peritoneal cavity found that the tumour was retro-peritoneal in situation, and that the descending colon lay in front of it. With great difficulty he removed the tumour and secured the pedicle. The drainage and after-treatment were conducted on the principles usually followed in ovariectomy cases. Listerian precautions were used throughout the operation, which lasted two and a half hours. The patient ultimately recovered, but on two occasions had an escape of fæces through the operation wound, probably due to the ulceration of the large intestine. Just after the operation she had an attack of paralysis of the upper extremities, which passed off in a little time, Faradisation being the treatment adopted.

Mr. Godlee, at a meeting of the Clinical Society of London, read notes of three cases of intussusception in children treated by abdominal section. Two died and one recovered. He believes that if the bowel protrudes at the anus, operation is preferable to attempts at inflation, but if the obstruction is higher up, it is as well to give other measures a trial first. In the discussion which followed opinions were expressed to the effect that: 1. Early operation is advisable, because if delayed it often becomes an impossibility to reduce the invaginated part of the bowel. 2. The reduction should be effected rather by unrolling the upper than by pulling on the lower end. 3. Antiseptic precautions are necessary.

J. W. B.

THE NEW YORK MEDICAL RECORD.

NOVEMBER.

After an analysis of 15 cases of *Internal Œsophagotomy*, Dr. J. O. Roe concludes that this operation is perfectly justifiable in all cases of Œsophageal stricture due to membranous or cicatricial formations, and is clearly indicated when a patient and thorough use of bougies has failed and starvation is impending. It is far safer than external Œsophagotomy or gastrotomy, and is applicable to strictures in every region of the Œsophagus. It is contra-indicated when the obstruction is malignant, or where the walls are greatly atrophied, and is inadmissible where no opening through the stricture can be found. The chief danger lies in cutting through the walls, resulting in peri-Œsophageal, mediastinal, or pleural abscess, which is inevitably fatal. Dilatation with sounds must be begun on the day following the operation, and continued for some time.

Conservative Surgery.—A case of chronic disease of the tarsus had been condemned to amputation by three surgeons. The foot was a shapeless mass, acutely painful, with numerous sinuses leading down to dead bone. Prof. Sayre determined on the removal of all the diseased bone. The os calcia, astragalus, cuboid and cuneiform bones were removed subperiosteally; the wound was thoroughly filled with Peruvian balsam, and then stuffed with oakum, which kept the heel in shape. The whole foot and leg were then encased in a plaster of Paris bandage, and fenestræ cut in either side. The oakum was removed daily, the amount being gradually diminished, as the cavity filled with osseous matter. The sinus closed completely, and an almost perfect foot resulted.

Dr. H. D. Schmidt, of New Orleans, believes that the *Tubercle Bacillus* of Koch is nothing but a *fat crystal*! Minute rod-like bodies, found in tubercular tissue and sputa, and apparently identical with the bacilli described by Koch, disappear when subjected to the action of boiling ether. Schmidt further claims that exactly similar bodies can be artificially produced.

Dr. Beard has mounted his hobby again, to deal now with the treatment of what he terms *Sexual Neurasthenia*. For this "there is no specific, and in no form of disease are idiosyncracies against drugs more common or severe." "Frequent change of treatment is required, with occasional suspension of all treatment." "Work and the prospect of work are real remedial forces; employment is mental counter-irritation." The majority of cases are injured by marriage and sexual indulgence. Hope is a powerful therapeutic agent. Of drugs he gives tonics and sedatives in small doses, and well diluted. Of methods of local treatment, he approves of local electrization, injections of small quantities of nitrate of silver, very hot water, and bromide of sodium; small blisters to the perinæum often relieve prostatic irritation.

Dr. Morton recommends water as hot as can be drunk for the relief of all forms of nausea and vomiting.

A discussion took place at the N. Y. Academy of Medicine on "*Excision of Chancre as a means of aborting Syphilis*." The conclusion of the majority was against the practice, as they considered the chancre the first local manifestation of a general disease, while there was no clinical evidence that it attenuated the virus or modified the general symptoms of the disease. Dr. F. N. Otis upheld the practice, and stated that he had operated 15 times with great benefit.

Dr. Allan McLane Hamilton contributes an interesting study of a case of a very rare disease—*Myxædema*. Its peculiar features are a diffused doughy swelling of the whole body, but marked in the face, and especially the lips, eyelids, and tongue. The mental condition is weak, with ataxic speech and deafness. There is unilateral lowering of temperature and peculiar trophic changes, as atrophy of the thyroid gland, clubbed fingers, brittle nails, thin hair, sometimes bronzing of the skin. There is real loss of muscular power, but muscular atrophy is rare. Arterial tension is increased. The disease is one of adult life, chiefly in women. It is allied to cretinism, and is slowly progressive, attended with a deposit of mucin in the skin. It bears a significant relation to

repeated pregnancies and the menopause. According to Dr. Hamilton it probably depends upon a lesion primarily of the medulla, with secondary extension to the postero-lateral columns of the cord and spinal sympathetic ganglia. He has found nitroglycerine most useful in treatment.

Treatment of Burns.—Dr. R. T. Morris finds the following plan very successful, being analgesic and antiseptic, and restraining suppuration :

1. Open all blebs, and remove every particle of loosened cuticle.
2. Sprinkle the denuded surfaces with iodoform.
3. Strips of cheese cloth, thickly spread with an ointment of iodoform and vaseline, are wound over the burnt surface.
4. Sheet lint, wrung out of carbolic lotion (1 to 40) is placed over this, and the whole enveloped in gutta percha tissue, and a roller applied.

Dressing re-applied every three days.

According to Dr. Rühle, *Uræmic Convulsions* are due to some toxic agent in the serous exudation that occurs into the brain.

Koroniko, from *Keronica parvi flora*, is reported by Dr. Jardine as a potent remedy in *chronic dysentery*. G. A. S.

Correspondence.

FEES FOR LUNACY CERTIFICATES.

To the Editor of the Australian Medical Journal.

Sir,—About the beginning of November I allowed myself to be persuaded to go to the City Police Court, for the purpose of examining a supposed lunatic. There was satisfactory proof of insanity, and I certified accordingly. Having done so, and thus committed myself to an opinion, I was told that the bench would probably want me to give evidence before them. That I had by no means counted on, and so getting speech of the Clerk of the Court, I insisted that my time had some value, and that I could not wait the pleasure of their worships. Taking leave, then, I made my escape, and missed that ordeal.

About a month after, I applied at the City Treasurer's Office for payment of my fee, as on a single previous occasion long before ; but was told that the Government now met these charges, and that I must apply to the Sergeant at the Court. After some

loss of time I found the Sergeant, who turned up his book, and told me the particulars of name, &c., which I had forgotten, but said I must fill up and sign a form, and give it to a clerk upstairs. With further trouble and loss of time this clerk was found, and a form signed, which he promised to fill up, and added the information that payment would be made on application, in due time, at the Treasury. Making what seemed full allowance for circumlocution, I waited about another month, but found that there was no money yet lying for me. Not very long ago I met the Clerk of the Court accidentally, and told him of my troubles, and my unwillingness again to run the gauntlet of Sergeants, Clerks, &c., and he very kindly undertook to see that the proper claim was forwarded to the Treasury, if it had not already been sent. I have not yet, however, made inquiries at the Government Offices, fearing that the old answer, "No there's nothing for you" might again be given. When I do get what is owing, it will amount to the magnificent sum of one guinea. Of course I intend to get that guinea, but probably it will be the last I will earn in the same way. For let us see what we are expected to do for it. *First* of all go to the precincts of the court, and in an open room, a lounging place for all sorts and conditions of men, form an opinion about the sanity of some person, seen for the first time, and with a very incomplete history. *Secondly*, take the responsibility, being satisfied, of certifying that the person is a lunatic. *Thirdly*, wait about the court for an indefinite time to give evidence, if called on to do so. *Fourthly*, discover some special clerk, and get him to provide a form to fill up and sign. *Fifthly*, go to the Treasury some time after, and better late than soon, and run the chance of waiting at the counter a considerable time till some official thinks fit to give a cheque, if it has been passed for payment. It may be that, in my ignorance, I took more trouble than might always be needed, but I had the good luck to escape the worst thing of all, going into the witness box. Now, Sir, your readers can scarcely fail to agree with me, that it is absurd on our part to submit to such preposterous regulations. The fee is ridiculously small for examining and certifying in a case of lunacy, even were it paid on the spot; but, when that fee can be got only after a long interval and with great loss of time, and perhaps of temper, the thing is beyond all reason. I for one will certainly turn a deaf ear to the voice of the next policeman who asks me to go to the court to examine a lunatic,

and if my professional brethren are wise they will be unanimous in declining. Medical men can perhaps be compelled to give evidence in courts, and to accept remuneration utterly inadequate; but, in the present state of the law, they are not compelled to give lunacy certificates, and if we could agree to decline supplying them on the present terms, no doubt a change would be made in our favour.

I remain, yours, &c.

J. J.

Local Subjects.

BALLARAT HOSPITAL.—The annual report of the committee contains the following passages:—"The following statistics for the year 1882 are submitted:—894 patients have been admitted (625 males, 269 females); 4070 out-door patients have received medical aid and medicine (1795 males, 2275 females). The casualties have been 355 (308 males, 47 females); the total of out-door patients' visits numbering 23,482, the deaths for the same term being 126 (89 males, 37 females), 71 having been buried by friends, and 35 by the hospital as friendless and destitute. The chief improvements for the year have been a complete lime washing, painting, and repairing of the interior portion of the establishment and out-buildings, also completion of the surface drainage—delayed for the channelling of Drummond-street. The first-named work was deemed by many as uncalled for and a waste of money (£225), the hospital in their opinion looking perfectly sweet and clean; but the board, with the guidance of the medical staff, are fully aware of the disastrous consequences of inattention to hygienic conditions, which, foolishly persisted in on the score of economy, may eventually prove extremely dear, sacrifice many useful lives, and by giving the institution a bad name, seriously cripple its future usefulness. One of our greatest authorities (L. E. Erichsen) writes thus on 'Hospitalism': 'These diseases (erysipelas, pyæmia, &c.) are preventable, and ought to be prevented. Surely the first and more essential requisite of a hospital should be that it is not a source of disease to its inmates, that those who are compelled to seek its aid do not suffer from its effects.' It is to be hoped the day is not far distant when such remarks can apply to the Ballarat Hospital. The financial position of the institution is satisfactory, and but for the unusual strain upon the charitable public on account of the late appalling catastrophe at the New Australasian mine, the result would no doubt have exceeded the collections of last year. Mrs. Rowe, of Glenfine, who has at her own cost established a 'convalescent cottage' for females, kindly intimated (through Dr. Owen) her willingness to relieve the hospital occasionally of any case likely (in the opinion of the medical staff) to receive benefit from the change of air, &c. This kind offer has been accepted, and is duly appreciated. The institution has received another visit from the Inspector of Public Charities, who in his report refers to the Ballarat Hospital in these words: 'In my last report upon this hospital it was my duty to speak of the management as "very good." I have since inspected all the hospitals in the colony,

some of them twice, and I must now not only say that the management is "very good," but also that for general completeness of the arrangements, the good order and cleanliness of the wards, fittings, furniture, &c., it is the model institution of the colony.' The inspector also states that in relation to the new system of bookkeeping, as recommended by him, the credit of the same belongs to the Ballarat and Castlemaine Hospitals. Before closing this brief report of the proceedings of the past year, the board desires to heartily thank the honorary medical and surgical staff for their much-valued assistance, also to record their high estimate of the resident surgeon's services, together with the ready, willing, and efficient work performed by the paid staff." And from the *Ballarat Star* of January 12 we learn that "the elections for the position of honorary surgical and medical officers to the Ballarat Hospital, which took place on the 11th, excited more interest than has been the case for years past. Voters attended from all parts of the district to record their votes for their favourite candidates, and 295 ballot papers were used. The result showed that Dr. Pinnock was re-elected honorary surgeon, beating his opponent, Dr. Woinarski, by 207 votes. Dr. Ochiltree was elected medical officer, having a majority over his opponent, Dr. Usher, of 69 votes.

REGISTRATIONS.—At a meeting of the Medical Board of Victoria, held on 5th January, the following names were added to the Medical Register:—Michael Dominic Murphy, L. et L. Mid., F.P.S.G. 1868; L.S.A. Lond. 1868, of Brunswick. And on January 11th, Frederick Dougan Bird, M.B. Melb., 1882, of Melbourne. The following additional qualifications have been registered:—George LeFevre, M.D. Edin., 1882; David John Williams, M.D. (*a.e.g.*) Melb., 1882. The following names have been erased from the Register:—John White Bridgman and George Bartleman, deceased.

APPOINTMENTS IN THE LUNACY DEPARTMENT.—Thomas T. Dick, Esq., M.D., to be Inspector of Lunatic Asylums and Licensed Houses in Victoria, under the Lunacy Statute, and Superintendent of the Yarra Bend Lunatic Asylum, *vice* E. Paley, Esq., Surgeon, resigned; to date from the 1st March, 1883. John A. O'Brien, Esq., M.B., Deputy Medical Superintendent of the Beechworth Asylum, to be Deputy Medical Superintendent of the Kew Asylum, *vice* W. Armstrong, promoted. J. V. M'Creery, Esq., L.R.C.S., Medical Superintendent of the Ararat Asylum, to be Medical Superintendent of the Kew Asylum, *vice* T. T. Dick, Esq., M.D., promoted. Wm. Armstrong, Esq., M.B., Deputy Medical Superintendent of the Kew Asylum, to be Medical Superintendent of the Ararat Asylum, *vice* J. V. M'Creery, Esq., L.R.C.S., promoted. Timothy B. Ryan, Esq. M.B., Deputy Medical Superintendent of the Ararat Asylum, to be Deputy Medical Superintendent of the Yarra Bend Asylum. S. W. Brierley, Esq., L.R.C.P., to be Deputy Medical Superintendent of the Beechworth Asylum. The Governor-in-Council has accepted the resignation of J. D. Griffith, Esq., M.B., as Deputy Medical Superintendent of the Yarra Bend Asylum from and after the 24th February instant.

OFFICERS OF HEALTH:—The following gentlemen have been appointed Officers of Health for the districts named:—Borough of Castlemaine, Wm. Bone, Esq., M.D., *vice* Dr. Hutchinson, deceased; Borough of Kew, W. B. Walsh Esq., M.D., in the absence of Dr. Ralph; Borough of Portland, H. E. Brewer, Esq., Surgeon; Borough of Stawell, A. E. Bennett, Esq., M.D., Northern Division; W. H. Syme, Esq., Surgeon, Southern Division;

Borough of Wangaratta, A. M. Macfarlane, Esq., M.B.; Shire of Dunmunkle, H. L. O'Hara, Esq., Surgeon.

CENTRAL BOARD OF HEALTH.—C. R. Blackett, Esq., has been appointed a member, *vice* C. Hodgkinson, Esq., C.E., resigned.

POLICE MEDICAL BOARD.—Andrew Shields, Esq., M.D., has been appointed a member, *vice* E. Paley, Esq., Surgeon, resigned.

Dr. Bennie, late of the Melbourne and Daylesford Hospitals, has been appointed Honorary Medical Attendant of the Hospital for Sick Children.

Mr. A. R. Staepoole, son of Mr. Adam Staepoole, of Borak, Hawthorn, has successfully passed his surgeon's examination at Edinburgh. Mr. A. R. Staepoole was a student at the Melbourne University, and went to Scotland in January, 1882, by the "Carlisle Castle."

PUBLIC VACCINATOR.—Francis L. Hooper, Esq., Surgeon, has been appointed public vaccinator for Mornington, *vice* Dr. W. H. Jackson, resigned.

MELBOURNE HOSPITAL.—The Committee has authorised the expenditure of £530 in providing quarters for six nurses in attendance on cases of septic disease. A meeting of governors and subscribers has been convened at the Athenæum Hall on the 28th inst. to consider the proposed removal of the hospital. The Bishop of Melbourne, the Chief Justice, Mr. Justice Higinbotham, and others will be requested to address the meeting. John David Thomas, Esq., M.D., Melb., Assistant Demonstrator of Anatomy in the University of Melbourne, has been elected Assistant Honorary Physician *vice* Dr. McInerny, resigned. At the annual elections, Mr. Herbert Henty was re-elected president; the Hon. R. S. Anderson and Mr. Bruce vice-presidents; and Messrs. Godfrey, Gregory, Le Capelain, M'Dougall, Plunket, and Davey, members of Committee.

MEDICAL REGISTER.—The list of legally-qualified medical practitioners in Victoria was published in the *Government Gazette* of January 26th.

BIRTH.

LINDSAY.—On the 7th inst., at Creswick, the wife of Dr. R. C. Lindsay of a daughter.

DEATH.

MARTYR.—On the 6th inst., at the residence of his son-in-law, 215 Latrobe-street west, Melbourne, Thomas William Lockyer Martyr, M.R.C.S. Eng., aged 72, the beloved husband of Caroline Martyr, and eldest surviving son of the late Thomas Martyr, Croom's-hill, Greenwich, a colonist of 30 years. Home papers please copy.

NOTICES TO CORRESPONDENTS.

Communications have been received from the Librarian of the British Museum, Dr. Stirling, Dr. J. D. Thomas, Dr. Barrett, jun., Dr. G. A. Syme, Dr. Griffith, Dr. W. B. Walsh, Dr. Bennie, Dr. R. B. Duncan.

PUBLICATIONS RECEIVED.

The usual exchanges have been received; also Sir Henry Thompson on the Prostate, the Annual Report of the Smithsonian Institute, Dr. Henry MacCormac on the Etiology of Tubercle, the Annual Report of the Newcastle Hospital; a Criticism of Dr. Norris' Third Corpusele of the Blood, by Mr. Ernest Hart; etc. etc.

THE
Australian Medical Journal

MARCH 15, 1883.

Original Articles.

CASE OF FRACTURE OF THE SKULL WITH INJURY
OF THE BRAIN.—RECOVERY.

By F. D. HAYMAN, M.R.C.S.

E. G., aged 11 years, a healthy boy, son of a farmer, while trying to catch a horse in the paddock, was kicked on the side of the head. When picked up was insensible, and bleeding freely from the wound. Was taken to the nearest house, and the head bound up. He vomited twice before my arrival.

October 15.—On my arrival, at 4 p.m., about three hours after accident, he was lying quiet, hair and clothes showing there had been free hæmorrhage; left side of face bruised and scratched, eyelid swollen; both pupils acted to light, and he moved arms and legs on being touched. On examining the head I found a scalp wound about three inches long over the parietal bone, above and behind the ear. On inserting my finger in the wound the jagged edges of bone could be distinctly felt, and as he was only partially comatose, struggling violently on my attempting to explore the wound, I put him under chloroform. Having enlarged the wound by an incision at right angles, I found the bone cracked like an eggshell, with brain matter exuding between the cracks, looking a very complete smash indeed. The depression was not very great, and besides I had no trephine with me; so carefully cleaned the parts, wiped away about a teaspoonful of brain matter, replaced the flaps, and closed the wound with pad of dry lint and bandage. I advised his friends to take him home, about a mile, and gave a very unfavourable prognosis.

October 16.—Had passed a very restless night; continually disarranged bandage, and tried to scratch wound. Eye and side of face black and swollen from the contusions; wound looking well, both pupils act, and no paralysis of extremities. Had vomited once, but no action of bowels, nor had he passed urine since accident. Was still in the same partially comatose condition as when first seen. Passed catheter. Put three grains calomel on

his tongue, dressed the wound with carbolic oil. To be kept quiet in dark room, and given a little milk and water to drink.

October 17.—Had continued restless for some hours, till bowels acted, and he passed water at the same time. Immediately became quiet, and slept for some hours, and had much better night. Wound looks well; no discharge. Pulse 80. Temperature normal. Head cool. Continues comatose, but can be roused, and will take anything put to his lips. Gave a saline, and to continue as before.

October 19.—Condition much the same, but more sensible when roused. Bowels not moved since last visit; passes water freely. Wound healing like ordinary scalp wound. Eyelids and face going through ordinary gradations of a black eye. Skin cool. Pulse full, but only 80.

October 29.—Fourteen days to-day since accident; has gone on without a bad symptom, is sitting in a chair for first time, and can stand by himself; looks very pale and pulled down, but otherwise convalescent. Wound healed, with exception of one spot, from which comes little discharge. Talks quite rationally, but remembers nothing of accident or of subsequent events, nor does he remember any of my former visits, though he recognised me at the time, and spoke and did things he was told. No pain, but tenderness on pressure. Sleeps well, appetite good, bowels a little costive; only thing he complains of is heart continually thumping for sometimes an hour or so at a time.

January 30, 1883.—Now more than three months since accident; has continued well, feels no ill effects, memory all right, except that he does not remember being kicked, and does not remember getting close to the horse at all; and says he is as well as ever. Can feel a certain amount of irregularity over seat of injury, but not so much as I should have anticipated.

There have been numerous cases of brain injury with recovery reported lately in the medical journals, but I think this is worthy of notice from the nature and severity of the accident, the very mild treatment adopted, and the extraordinary, rapid, and uninterrupted recovery.

Harrow, January 31st, 1883.

SUCCESSFUL EXSECTION OF INFERIOR DENTAL NERVE FOR OBSTINATE NEURALGIA: BONE GRAFTING.

By WM. GARDNER, M.D., Ch.M.

Hon. Surgeon to the Adelaide Hospital.

Mr. M., æt. 60, consulted me on Nov. 9th, 1882, for persistent pain on the alveolar border of the lower jaw (right side), midway between the angle and the symphysis. The pain had been present for five years, with exacerbations which rendered his life unbearable. There were no teeth in the lower jaw except the incisors. I proposed to him to cut down and remove a piece of the inferior dental nerve, and to this he willingly assented. On the next day, however, I tried the effect of dividing the inferior dental nerve at its entrance into the inferior dental foramen. As this failed to give any relief, I made an incision about two inches long, parallel to the lower border of the jaw, dividing the facial artery, which I tied. I then divided the periosteum, and separated it sufficiently from the bone to allow of the application of the trephine. A trephine, half an inch in diameter, was then applied over the site of the nerve, and after cutting down about half an inch, the bone was elevated, and a slight additional application of the instrument opened the inferior dental canal, where the nerve was seen lying. I then removed half an inch of the nerve, and, at the suggestion of Drs. Stirling and Jay, I replaced the plug of bone to try an experiment in bone-grafting, and drew the divided edges of the periosteum over it. The operation was followed by complete relief to all the symptoms, and the wound was perfectly healed in a week, with the exception of a small opening where one of the ligatures came out. The plug which was replaced has not caused the slightest irritation, and may now reasonably be supposed to have become reunited to the rest of the bone.

27th February, 1883.

We regret that the pressure on our space compels us to hold over other interesting papers, reports, &c.—Ed.

Hospital Reports.

MELBOURNE HOSPITAL.

*A case of Rupture of the Intestine from violence—Gastrotomy—
Resection of Ruptured Intestine—Death.*

Under the care of Mr. T. M. GIRDLESTONE, F.R.C.S.

Reported by J. W. BARRETT, M.B., Ch.B., Resident Surgeon.

John M., æt. 22, admitted February 10, 1883. The patient on the afternoon of the day of admission was riding a horse in one of the public thoroughfares when his horse bolted and ran into an omnibus, which was approaching in an opposite direction, and the pole of the bus struck the patient a violent blow somewhere about the right flank. He got off his horse and walked as far as the footpath, then lay down and was soon after carried to the hospital. When admitted he was suffering from the effects of shock, having a cold skin, feeble pulse, and pale face. He complained of pain and tenderness over the abdomen and lower ribs, and had catchy breathing. There was a large abraded surface and considerable bruising about the flank of the right side, but nowhere could any fracture be detected. He was put to bed, kept warm, and given an enema of beef-tea.

February 11.—Recovered from shock. Pulse full and rather quick. Temp. normal. Bowels confined. Given an enema of Ol. Ricini & Terebinth, a hypodermic injection of

Morphiæ Acet. gr. $\frac{1}{4}$.

Atropiæ gr. $\frac{1}{100}$

and a belladonna fomentation applied to the abdomen.

8 p.m. Urine retained. Abdomen slightly swollen and tender.

February 12.—Abdomen somewhat distended and tympanitic. Although he has had three enemata, bowels are still confined. Tongue moist and clean. Pulse full and hard. Temp. normal. Ordered

Hirudines xiv.

to be applied to the abdomen and to be followed by a large poultice and

R. Ext. Belladonnæ, gr. $\frac{1}{4}$.

Crude Opium, gr. j.

Conf. Rosæ, q. s.

Ft. pil. Sttis horis.

February 13.—Pulse softer. Urine retained last night and drawn off with catheter; passed naturally this morning; bowels

still confined; vomiting dark green non-offensive fluid; lies on his back with his legs extended; abdomen swollen greatly, tympanitic, not very tender; as he is not much affected by opium he was ordered

Rx Opium (crude) gr. j.
Conf. Rosæ, gr. v.
2dis horis.

and abdomen smeared with ext. belladonn., et glycerini, partes æquales, and poultice continued.

8 p.m. Temperature has risen for the first time to 100·6°.

February 14.—Vomiting yellow non-offensive matter; bowels confined; tongue moist; abdomen still distended, not very tender; pulse small and thready. Temp. 101·4°. During all this time he had passed nothing by the bowels but a little fæcal matter which came away with an enema, and his intestines had gradually distended, but there had not been much abdominal tenderness or pain; vomiting, and lastly a rise of temperature had occurred. The temperature chart showed this record:

10th.—Evening 98·4.	13th.—Morning 98·4.
11th.—Morning 97·8.	Evening 100·6.
Evening 98·	14th.—Morning 101·4.
12th.—Morning 98·3.	
Evening 98·7.	

At a consultation held on the 14th it was decided that from these symptoms only one diagnosis could be made, viz., one of intestinal obstruction, with peritonitis now supervening. The nature of the obstruction could of course only be guessed at, and opinions were variously given. Some thought that, from the fact of the injury being on the right side and from the known frequency of intussusception at the ileo-cæcal valve after injuries to the abdomen, the lesion was an intussusception; others thought that it was a rupture of the abdominal walls with hernia of the bowel and strangulation, and others again thought that it was a rupture of the intestine. It was decided that with his failing pulse and rising temperature the man's only chance of recovery, though certainly a very slender one, lay in operation, and Mr. Girdlestone therefore performed gastrotomy without any delay. The patient's urine having been drawn off, he was placed under the influence of ether and chloroform and his rectum examined with negative results. An incision was then made in the midline from the umbilicus to the symphysis pubis. The various structures were divided on a director until the peritoneum was exposed; this was carefully nicked on the point of a pair of forceps

and gas and fæces bubbled up in small quantity owing to a small coil of intestine having been adherent beneath. The fæcal matter was sponged up and the opening secured by fine sutures. The adherent part was now cautiously separated and the peritoneal cavity opened to the full extent of the original incision. The small intestine was seen to be of a deep purple colour and enormously distended. It was therefore tapped with a fine trochar and was found to be completely paralysed and devoid even of elasticity. When the trochar was withdrawn a little fæcal matter oozed through the opening, which was at once closed by a suture. The operator now passed his hand into the peritoneal cavity to feel for the obstruction, and on the right side discovered a pouch which contained intestine, and which seemed to be formed by a rupture of the abdominal walls, but which subsequently proved to be chiefly a natural pouch formed by the reflection of peritoneum under the obliterated hypogastric artery.* However, there was no constriction of the bowel there, and as tension was still excessive, the original incision was enlarged upward for about 3 in., and another unsuccessful search made; the sigmoid flexure however, was now noticed to be empty, though the small intestine was so distended. The presence of some interruption of the continuity of the intestine was now manifest, so the incision was carried almost up to the ensiform cartilage, and a deliberate search made for the obstruction by drawing out the small intestines and examining them from above downwards. At first nothing was discovered, but suddenly fæcal matter was seen escaping into the peritoneal cavity on the right side, and on further search being made an almost complete rupture of the ileum was discovered. The intestine was torn across from its free border towards its mesenteric attachments, the edges being uneven and the serous surfaces everted; slight extravasation of fæces had taken place, but the effused matter had been encapsuled by lymph exudation between the rent, an adjacent piece of mesentery and the surrounding coils of small intestine. A tear in the mesentery was seen just above the site of rupture, and another one extended right through the mesentery near its attachment to the spine. The intestine in the vicinity of the rupture was much bruised and covered in several places with tough flakes of lymph, some of which were removed. The

* At the autopsy a slight laceration of the peritoneum was found, with lymph exudation around it.

operation had now lasted some time, and the patient was very low, so its remaining stages were completed as rapidly as possible. The uneven lacerated edges of the torn intestine were excised together with a small U shaped piece of mesentery; the mesenteric vessels were secured by ligatures. The cut edges of mesentery were secured by sutures and the end of intestine sewn together by herring-bone sutures so applied as to approximate the peritoneal surfaces. The continuity of these sutures was interrupted at intervals, so as to allow them to be drawn tight without constricting the intestine. The intestines were still much distended with fluid and flatus, the coils being very heavy, and it was evident that there would be great difficulty in returning them into the abdominal cavity, and they were therefore tapped by a fine trochar in a dependent place, but the general paralysis of the coats again prevented any good result, and accordingly the puncture was secured as before with a double turn of suture. The intestines were then after some trouble returned, and the external wound closed with hare-lip pins. Hypodermic injections of ether were now administered with a little acetate of morphia, and an enema of brandy was injected. The adjustment of the pins was now completed, superficial sutures were put in and a drainage tube inserted in the lower part of the wound. The sutures and ligatures used in the abdominal cavity were all fine carbolyzed catgut. Strict anti-septic precautions were observed throughout the operation, which lasted one hour and five minutes. After the operation the patient was put back to bed with his feet and arms raised, and the latter were rubbed toward the heart. Brandy was administered hypodermically, and the pulse, which had been imperceptible, could again be felt though feebly. Death, however, ensued one hour and a half after the operation.*

Medical Society of Victoria.

ORDINARY MONTHLY MEETING.

WEDNESDAY, MARCH 7, 1883.

(Hall of the Society, 8 p.m.)

Present: Dr. E. M. James, Dr. Pegasus, Dr. Backhouse, Dr. R. B. Warren, Dr. J. David Thomas, Dr. J. P. Ryan, Dr. Williams,

* No hæmorrhage or extravasation of fæces occurred after the operation was completed.

Dr. Neild, Dr. C. S. Ryan, Dr. Turner, Dr. Le Fevre, Dr. Jamieson, Dr. Allen, Dr. Brett, Dr. Fletcher, Dr. Girdlestone, Dr. James Robertson.

The President, Dr. E. M. James, occupied the chair.

The minutes of the preceding meeting were read and confirmed.

NEW MEMBERS.

The following gentlemen were elected members of the Society :—
Mr. Charles Bage, M.B. et Ch.B. Melb., of the Melbourne Hospital, proposed by Dr. Girdlestone and seconded by Dr. Allen ; Mr. James William Barrett, M.B. et Ch.B. Melb., of the Melbourne Hospital, proposed by Dr. Neild and seconded by Dr. Jamieson. Mr. James William Florence, M.B. Melb., of Ballarat, proposed by Dr. Allen and seconded by Dr. Le Fevre ; Mr. John Nelson Mullen, M.B. et Ch.B. Melb., of the Melbourne Hospital, proposed by Dr. Girdlestone and seconded by Dr. Allen ; Mr. Frederic James Owen, M.B. Melb., of Geelong, proposed by Dr. Girdlestone and seconded by Dr. Allen ; Mr. George Adlington Syme, M.B. et Ch.B. Melb., of the Melbourne Hospital, proposed by Dr. Neild and seconded by Dr. Jamieson ; and Mr. William Cleaver Woods, M.B. et Ch.M. Aber., of Melbourne, proposed by Dr. Le Fevre and seconded by Dr. Brett.

Dr. Neild and Dr. C. S. Ryan acted as scrutineers. One gentleman was duly nominated for election.

The following paper was then read :—

ON A CASE OF PROLAPSE OF THE UTERUS COMING ON DURING PREGNANCY.

By JAMES JAMIESON, M.D.,

Lecturer on Obstetrics, Melbourne University.

As this condition is a rare one, I have thought it worth to put on record a case which lately came under my notice, sent to me for treatment by Dr. Dean, of Charlton. The patient, æt. 26, came to me on the 22nd of January last, with the following history :—Her first child had been born seven months previously, and she had no recollection of having suffered severely, at or after confinement, delivery having in fact been easy. There had been no symptoms pointing specially to subsidence of the womb. She menstruated about the middle of October, and not since, and considered herself to have then become pregnant again. About six weeks after, she became affected with severe sickness and

vomiting, and after one of these attacks the lower end of the uterus protruded through the vulva. The swelling slipped back when she lay down, but as it tended to get worse, she consulted Dr. Dean, who advised her to see me. I found the swollen œdematous cervix protruding for an inch or more through, and filling the vulvar orifice. The cervical canal easily admitted the finger for about one-third of its length to the os internum, which was closed. There had been occasional difficulty in passing water, but not to a serious extent. The body of the uterus was felt resting on the floor of the pelvis, the size of it corresponding with the supposed duration of pregnancy, a little over three months. I simply reduced the prolapsed organ as gently as possible, introduced a good sized Hodge pessary, for the sake of temporary support, and sent her to her lodgings with instructions to undress and go to bed. Shortly after I saw her, but found that the pessary had slipped out, and the uterus was protruding as before through the relaxed orifice. The perinæum was intact. Seeing the uselessness of trying any mechanical support in the swollen and relaxed condition of the parts, I reduced as thoroughly as possible, with the woman on her elbows and knees, getting the uterus into the ordinary position of anteversion, and then introduced a plug of wadding in a strong solution of tannin and alum in glycerine. This was repeated night and morning for two days, the recumbent position being kept as constantly as possible. At the end of that time the vagina was found well contracted, and the cervix soft and not longer than it usually is. The condition, therefore, was with certainty not mere hypertrophic elongation. In spite of Playfair's recommendation to support the uterus with a full sized Hodge pessary, I did not venture to use that instrument again, feeling certain, either that it would be displaced, or that the cervix would pass through the opening and suffer constriction. I had also to consider that the woman wished to return home, and would have to be provided with something which she could take out and replace if necessary. I first tried an oval india rubber ball, well pushed up behind the uterus, when it was in full anteversion. She had not been moving about long, however, till it was pushed out, and the uterus again protruded; and as she did not send me word, but kept moving about, and was even very restless during the night on account of a severe attack of conjunctivitis, I found her next morning almost as bad as she had been at first. The glycerine plug had to be used again, and with similar good effect;

and I then introduced an inflated india-rubber ring with a small opening, which supported the uterus well, and caused no annoyance of any kind. Getting her to make for herself a long pad of wadding covered with cloth and oiled silk, to be worn as a precaution when travelling, I allowed her to return home on the 31st. She took with her another pessary, and got instructions about her habits, and directions to communicate with me if anything happened. As I have not heard either from herself or Dr. Dean since, I presume that she has kept well, and that in all probability the enlarging uterus has before now risen safely above the brim of the pelvis.

This case is interesting, not only on account of its rarity, and the danger of incarceration and its serious consequences as the result of neglect, but also as an illustration of the excellent effect of the glycerine plug in states of swelling and relaxation of the vagina and lower segment of the uterus, the effect being, I think, greatly heightened by the addition of alum to the glycerine, in the strength of perhaps a drachm to the ounce. A soft pessary of the kind used, was, I believe, the best in the circumstances.

Dr. LE FEVRE said he was surprised to hear from Dr. Jamieson that so few cases were recorded; he did not himself think they were so few and far between, as several cases had occurred in his own practice and were treated with ordinary pessaries. In one case, however, of long standing prolapse, the cervix was protruding four inches through the vulva; the soft parts around were much atrophied; there was great difficulty in retaining any form of pessary; but when single instruments failed, a Hodge was introduced to support the body of the uterus, and that was kept in place by a watch-spring ring pessary; this combination would remain for any length of time, but he used to remove it every week, and keep the patient in bed so as not to cause any irritation; it was worn for four and a half months and then discarded, as the uterus had risen out of the pelvis. The patient went to full term, and after delivery remained in bed for six weeks: the prolapse did not return. In his other cases no difficulty was experienced, a small watch-spring ring pessary being usually found of most service.

Dr. JAMIESON pointed out that Dr. Le Fevre's cases were not to the point; his paper had reference only to prolapse coming on for the first time during pregnancy.

Dr. JAMES stated that he had never seen a case nor heard one reported similar to that which Dr. Jamieson had brought under

the notice of the Society. The treatment adopted seemed very successful amidst circumstances of great difficulty. Many practitioners would have introduced a Hodge pessary, thinking that enough, as the patient was young and the perinæum intact; but much trouble would surely have arisen from strangulation. The case was most instructive, as showing the value of an ordinary mode of treatment applied to a rare condition.

The next paper was entitled :

VALVULAR INCOMPETENCY OF PULMONARY ARTERY, WITH REGURGITATION.

By WILLIAM THOMAS PEGUS, M.B. Edin., Ch. M., L.R.C.P. E.

I am induced to record the following unique case, of which I have been the subject and sufferer during the past eight months, and doubt not that from its very exceptional occurrence and the silence of our text books as to its symptoms, &c., it may prove interesting and instructive.

On the 1st April last at St. Arnaud, whilst standing at a shop door, suddenly a murmur so loud and intense as to force itself with terrible significance on my ear, so loud as to attract the attention of a person with whom I was at the moment conversing, burst forth from the left sub-clavicular region, and aroused me to a sense that the suspicions I had long entertained of my being the subject of some cardiac affection, were now realized. Much disturbed in my mind, I walked slowly but without inconvenience home, stopping at intervals to listen to this extraordinarily loud bruit, and to assure myself that it emanated unmistakably from my own chest. Its peculiarly loud, circular, rasping sound struck me with alarm, for in all my experience I had never heard anything like it before.

During the first twenty-four or forty-eight hours—for I continued visiting my patients—I cannot say that I was sensible of any discomfort, or of symptoms peculiar to any form of heart-disease; they were not yet developed; but after this I began to feel a gradually increasing dyspnœa on walking even a few steps, and especially on ascending a short stair. I now also found myself getting feeble and helpless, so much so that I gladly betook myself to bed. Dr. Wolfenden, my colleague, whom I sent for, kindly attended me during the following week or ten days, and at the end of that time the loud murmur to my own

ear was no longer audible, though to the stethoscope it was, as it is now, most markedly distinct.

I now felt sufficiently strong to get up and walk to the dining room, sitting in an arm chair or lounging on the sofa during the following three or four days. I then ventured a short walk, perhaps 200 yards, finding it necessary to pause occasionally to relieve the dyspnoea, which always on any slight exertion oppressed me. At the end of another ten days, my strength returning, I went by short stages to Queenscliff, remaining there a fortnight. I now improved considerably, and could take a walk of perhaps half-a-mile along the beach without any fatigue. My appetite was excellent, indeed voracious, and excepting the debility and dyspnoea which climbing a long stair or exertion called forth, I felt in as good health and spirits as ever.

About four weeks after this, or seven weeks from the first attack, during which time I was still regularly attending patients, I discovered, on careful searching, commencing oedema of the ankles, which in a few days extended up the legs. The abdomen now also gradually began to distend, little ascites being present, but much flatus. The anasarca and abdominal enlargement becoming very troublesome, and unfitting me altogether for further work, I at length went to Melbourne, and placed myself under the care of Dr. James Robertson of Collins-street.

The diagnosis at first was mitral and aortic valvular disease—mitral incompetency and aortic obstruction, although my own sensations at the same time seemed not to accord exactly with the subjective symptoms that indicate actual heart disease. For example, in advanced cardiac affections, complaint is made of *headache, frequent palpitations*, oppression at chest, pain in region of heart, angina, and other sensations which indicate the heart as the source of the trouble. In my case, on the contrary, excepting the *loud bruit*, the *dyspnoea*, and subsequent dropsy, I felt in the best of health and spirits, and vexed at the necessity for lying up.

Dr. Robertson however soon diagnosed the true lesion to be *valvular incompetency of the pulmonary artery, with regurgitation*, the left heart being intact; and as will shortly be seen, the final treatment adopted—which, for a time at least, has saved my life—fully justified the correctness of the diagnosis. The murmur then was (and is now, I believe) of a peculiar, continuous, circular, rasping character, differing from ordinary cardiac bruits denoting obstruction in that, commencing with the systole, it completely

obscures both the heart sounds; there is no pause; it is prolonged, circuitous, intensely loud, grinding, unceasing, and on palpation there is a constant vibratory thrill. The pulse has all along been, I believe, strong, full, and regular, and not compressible, almost inclining one to think that it was a case of aortic obstruction, with hypertrophy and dilatation. During the latter part of my illness a dry tickling cough was very troublesome. The carotids could be seen at a distance pulsating, the jugulars were greatly distended, and the whole venous system indicated excessive engorgement.

About nine weeks after being first attacked, I visited and was examined for the second time by Dr. Robertson. Then anasarca of the lower portion of the trunk and lower limbs was so severe, the tension so great, that I could walk only a few steps with much difficulty. No œdema of eye-lids; there was slight ascites, and the dyspnœa on any little effort was intolerable; the liver was considerably enlarged, and is so still; the kidneys secreted a small quantity (15 to 18 oz. in 24 hours) of highly acid urine, loaded with urates, but *no albumen*; occasional orthopnœa.

Dr. Robertson, who is present, and who daily carefully auscultated the area of this loud bruit, will perhaps kindly supplement any further particulars and his deductions therefrom.

TREATMENT.

The most remarkable feature throughout my illness was, that all medicines were utterly powerless to afford me any relief, whilst hydragogue cathartics were positively hurtful; for although the latter would give me momentary ease, yet the *anasarca*, *dyspnœa* and flatulent distension always immediately increased with tenfold severity—and I was in real distress. Only mild action of the bowels seemed to give comfort.

Diaphoretics availed little in diminishing the anasarca, which was daily increasing. *Jaborandi* induced diaphoresis, but salivated me so much that I discarded it. Liq. am. acetatis is far preferable to it. 3iij. in water taken every three hours always answered well, but for the purpose it was useless.

Digitalis taken for a long time as a sedative at no time diminished the pulse in the slightest degree, but *absolute rest* (half-sitting, half-recumbent, and occasionally *erect*, which for some time was the only posture I could with comfort assume), and freedom from excitement—these only I found unfailing calmatives. When first taken ill, I was treated by *rest*, a fly blister over the cardiac area, *digitalis* with *potass. bicarb.* and

purgatives. I attribute my then temporary recovery to the rest, blister, and purgatives.

I rang the changes, I think, of all the diuretics in the Pharmacopœia in varied combinations—all to no purpose. This was seemingly due to the external pressure acting on the already congested kidneys. Dr. Robertson then at my earnest request made an incision about an inch and a half long at the inner part of each ankle, two inches above each malleolus. From these, however, the serum did not flow well, but on incising a dependent spot on the left thigh at its upper and outer part, the fluid escaped freely; the limb within twelve hours was reduced to nearly its normal size, and the relief was delightful. Other incisions—in all fourteen—were then made from time to time in different suitable parts. So great was the abatement of the anasarca on the left side and leg after the first incision on the thigh, that on the following morning the breathing was quite natural, large quantities of food were taken without discomfort, and, above all, the kidneys, now freed from pressure, began to respond freely, so much so that in one twenty-four hours $67\frac{1}{2}$ oza. of urine were passed. The cuts in due time healing up, the anasarca returned, and the kidneys at once refused to act, diuretics not being of the slightest use.

The appetite became now most insatiable, though from distension of the abdomen—partly from the slight ascites, but principally from the excessive flatus—the stomach could receive but a small quantity of liquid food.

After being thus bed-ridden for nearly six months, with no prospect of improvement, and utterly disheartened by finding that the numerous incisions (fourteen in number), in different parts of my limbs had so consolidated the areolar tissue around them, that fresh incisions were now not followed by any escape of fluid, I began to view my condition as most critical. And now utterly staggered and at bay (as it were), as a last, though doubtful resource, the idea struck me of trying the Turkish bath. I was the more strengthened in this determination from the conviction, based on Dr. Robertson's diagnosis, that my left heart was free from disease; so that on the 17th October last, accompanied by Dr. Rankin and his brother Dr. Joseph Rankin, I essayed my first sitting in a temperature of 130° and then 150° Fahr. for about three quarters of an hour. I found immediate relief; so much so that I determined to attend Burton's baths *every day*, and, in spite of

the remonstrances of many friends, to remain in the hottest room with a temperature of 170° and upwards for an *hour and twenty minutes to an hour and a half* in two sittings. I lost in weight during that time from 6 lbs. to 7 lbs.

On first attending these baths, I was so prostrate that I had to be dressed and undressed, carried by two persons in a chair to the cab, and from the cab upstairs to the bathroom. In fourteen days after attending Burton's baths, I could dispense with all assistance; could walk from my house to the station, some 300 yards; from the station to the baths, and up and down stairs without any discomfort.

I now take a bath every second or third day, enduring with ease for an hour-and-a-half a temperature of 170° Fahr. in two sittings, allowing an interval for rest of fifteen minutes between each, and losing in that time on an average from 5 lbs. to 7 lbs. in weight.

By way of experiment, to test my strength and power of endurance, I stayed in the hot room (temp. 170°) for *two hours*, allowing an interval as usual of fifteen minutes after the first hour. Hitherto I have met with none who would venture to sit with me a third of the time. I think I may, therefore, fairly conclude that the left heart can hardly be the seat of organic disease. I now move about with comparative ease. I have re-commenced professional work in Prahnan.

Dr. JAMES ROBERTSON said that the present case exhibited two very remarkable features; firstly, that the patient was able to come and detail his own history, and he was sure that every member would heartily congratulate Dr. Pegus on his present condition; but secondly, the form of the disease was extremely rare, being confined, in his opinion, to the pulmonary artery. He had never met with a similar case, and it was well-known that the valves on the right side of the heart very rarely suffer unless those on the left side are already extensively diseased. The early history of the case, with the position and character of the bruit, led him to diagnose imperfection of the pulmonary valve; and this opinion was confirmed by the succeeding symptoms. First dilatation of the right ventricle set in, and increased till the tricuspid valve became incompetent, the regurgitation into the auricle being evidenced by the distinct pulsation of the jugular veins. After a time there was general congestion of the systemic and portal veins; the circulation through the liver

and the kidneys became impeded ; serum was effused into the areolar tissues of the legs, and subsequently of the thighs and abdominal wall ; ascites was also present, and at one time the bases of both lungs were cedematous, with marked dulness on percussion, the patient being unable to maintain the recumbent posture. Purgatives and incisions into the swollen legs gave temporary relief, but no permanent good effects followed any mode of treatment adopted. When Dr. Pegus proposed to try Turkish baths, the pulse, though not normal, was full and strong, and there was no evidence of mitral disease ; he did not therefore feel justified in opposing the experiment, yet he was unprepared for the excellent effects which followed. The kidneys had been much congested, and the excretion of urine was very defective, though at no time was any albumen present. When the peripheral engorgement had been relieved by the draining of serum from the incisions in the legs, the kidneys acted freely, but a time came when no further relief could be obtained in this way. Then it was that the baths were resorted to, and by their intense action on the skin they produced the same good results as incisions, and were of more permanent service. In every bath Dr. Pegus lost six or seven pounds in weight, yet this did not lead to the debility which might have been expected ; had the disease been in the mitral valve, he did not think such high temperatures could have been tolerated so long. The case was undoubtedly most instructive, both from the rarity of the disease and the unexpected results of treatment ; it might lead us to adopt more active measures, such as Turkish baths, &c., whenever there is reason to think they might be borne without injury.

Dr. TURNER said he would gladly learn a little more about the premonitory symptoms ; also, whether there was any personal or family history of gout or rheumatism ; and, if the disease were referable to the pulmonary valves, how the sudden onset of the bruit could be explained.

Dr. PEGUS replied that for four or five years he had suspected the presence of heart disease, but he could not describe any definite symptoms upon which his suspicions rested. There was no history whatever of either gout or rheumatism.

Dr. ROBERTSON, also in reply to Dr. Turner, said that something must have given way, for, without any unusual exertion, all of a sudden a peculiar loud murmur declared itself, resembling a

continuous whirl, its point of maximum intensity being directly over the 3rd left costal cartilage.

Dr. TURNER remarked that most members must have found that though diuretics were very useful in some cases, they were utterly ineffective in others, and then the only method of treatment available was to act upon the skin. He had already recommended patients with heart disease to try Turkish baths, and had never seen any ill results follow their use. One case had been under his care off and on for three years, and though as bad as Dr. Pegus had been, he made excellent recoveries; there was great embarrassment of the liver and occasional albuminuria; here the iodide of potassium was of most service, with tonics, especially the liquid extract of cinchona. The patient lived up country in a very hot climate, and usually had an attack every summer, becoming swollen from head to foot; but under treatment he used to recover in about six weeks; during his last illness he took several Turkish baths.

Dr. WILLIAMS congratulated Dr. Pegus on his being able to attend the meeting and give such an account of himself. Undoubtedly, such cases of dilatation of the heart are met with from time to time, in which, notwithstanding most severe symptoms, great improvement subsequently occurs. Dr. Pegus appeared to be ungrateful to being bedridden; for the prolonged rest which had been forced upon him was doubtless an important factor in his recovery. In the treatment of dilatation our main endeavour is to secure compensatory hypertrophy: apart from due rest, dilatation will progressively increase. He did not believe that any diuretics except digitalis had much effect in relieving dilatation; thus jaborandi was simply diuretic and diaphoretic, and was of little service in cardiac disease; but digitalis acted as a diuretic, mainly at least, by strengthening the heart's action, and an increased flow of urine was one of the best proofs that digitalis was exerting its tonic effects upon the heart muscle. Concerning the diagnosis of the present case, the sudden development of the bruit was very remarkable; he could hardly believe that to be the true commencement of the disease; there must have been mischief of older standing. With aneurism at the commencement of the aorta patients may themselves be conscious of a bruit, but this rarely happens in valvular disease. As to Turkish baths, within the last ten days one of his own patients had made trial of them; he was a gouty subject, but his illness commenced with heart

symptoms; there were bruits at all the orifices, and latterly dropsy set in, beginning at the feet, with great dyspnoea: he asked whether he might try Turkish baths, but the speaker said he would be rather afraid of them; however, the patient ventured the experiment, and was now very sorry for it.

Dr. PEGUS said that in his paper he put forward rest as one of the chief elements in his recovery. Digitalis proved useless. At the end of six months, however, the anasarca was increasing; rest alone did not arrest the evil progress of the symptoms; something else was necessary, and the Turkish baths gave relief at once.

Dr. JAMES stated that he fully agreed with Dr. Robertson's remarks. On several occasions he had seen Dr. Pegus, who at all times showed a determined belief that his case was not so unamenable to treatment as was supposed by Dr. Robertson. The heart was labouring considerably, there was general anasarca, ascites, and all the evidences of general capillary and venous congestion. Medicines seemed to have no effect: incisions came to the rescue; on thus relieving the effusion the kidneys commenced to act more freely and Dr. Pegus felt correspondingly relieved. Yet there was an end to the benefit so obtained; diuretics had proved useless, and only harm could result from any attempt to force the kidneys to further action. The only remaining chance was to act powerfully upon the skin, and the Turkish baths were therefore resorted to. With the great outflow of perspiration, the kidneys were relieved and the urine was again augmented in quantity; at once the heart worked more freely and the general condition of the patient improved. No doubt rest in itself was useful, but the mechanical obstructions to the circulation must be relieved in the first place. Turkish baths may be taken injudiciously and produce ill effects when not used under medical direction; in the present case many would have been doubtful about the wisdom of employing them; yet on working out the mechanical conditions which were hindering recovery, it was plain that the only hope lay in free derivation from the skin, and thus the baths were eminently useful. The case was a most valuable and interesting one; it was described by the patient, himself a medical man; it illustrated the mechanical causes of the scanty excretion of urine in cases of dilated heart, and the increased flow after incisions into the swollen legs and still more after the baths, and it might lead medical men to use the Turkish baths cautiously in certain well-selected cases to their great benefit.

Dr. BRETT also congratulated Dr. Pegus on his return to health. No doubt it was a case of acute dilatation of the heart, with valvular mischief. Jugular pulsation had been noted, and he would gladly learn whether portal pulsation had also been present. Dr. Taylor in Guy's reports had given several cases in which this symptom was observed. He had himself seen several cases of cardiac ascites relieved by copaiba balsam, and others by the old combination of digitalis and squill. The Turkish baths were generally used in scarlatinal ascites, and hence might well be useful in ascites arising from other causes. In place of incisions, perhaps Southey's drainage tubes might have been used with less risk of complications. It would also be interesting to know if any sphygmographic tracings were taken.

Dr. ROBERTSON replied that no portal pulsation was noticed, nor were tracings taken, but the pulse was full, strong, and regular.

Dr. JAMIESON said that the case was one of great interest, especially as the patient was able to relate it. There must apparently have been some ulceration about the attachment of the pulmonary valves, so that one segment gave way; and even now the same imperfection must remain to cause the murmur. Digitalis was likely to prove useless because the left heart did not require strengthening; the drug would strengthen the right ventricle, but the stronger the contraction of the right heart was, the stronger would be the reflux of blood during diastole, and when the tricuspid valve became incompetent, the stronger would be the backward flow into the auricle. Diuretics were most unreliable, direct stimulants to the kidney being sometimes very useful, at other times utterly valueless. Lately, in cases of hepatic dropsy, he had found copaiba a very serviceable drug. Jaborandi was not safe in heart cases; if pushed at all, it was apt to produce syncope. Dr. Williams appeared rather to narrow the action of digitalis; it might not only stir up the heart to increased activity, but also stimulate the kidneys directly. As yet, however, we have no reliable direct stimulant to the kidney; Turkish baths are a somewhat dangerous remedy, yet in the present case they acted most satisfactorily.

Dr. ALLEN also expressed his pleasure in seeing Dr. Pegus once more in a meeting of the Society, and especially since his health had been so far restored that he could read a long account of his case to them. He was not prepared from simply listening to

a bruit for a moment to give any exact diagnosis, yet certainly the constancy and loudness of the sound were remarkable. Lesions of the pulmonary or tricuspid valves were very rare, unless subsequent to pronounced disease of the valves on the left side of the heart. Apart from general affection of all the orifices, most lesions of the pulmonary valve were congenital. Thus he had seen a girl aged 23 die of pulmonary stenosis, all the segments of the valve being fused together into a funnel-like process fringed with small vegetations. In another case an irregularly sacculated aneurism of the aortic arch had opened into the pulmonary artery, but no symptoms had been noticed which would lead to the suspicion of so rare a lesion. He had also met with two cases of vegetations confined to the tricuspid valve, both, too, of moderately long standing and without any definite history. Dr. Jamieson's theory of ulceration and retroversion of one segment of the pulmonary valve appeared improbable. In the first place such ulceration must be preceded by atheroma, which again is but a chronic inflammatory process induced by overstrain. In the aortic arch such lesions were constantly met with, owing to the great power of the left ventricle; but atheroma of the pulmonary artery was never met with, apart from some fibroid phthisis or other condition obstructing the pulmonary circulation and thus raising the tension within the right side of the heart; and in the present case there was no history pointing to any such condition. In the second place, too, if ulceration and retroversion had occurred, the symptoms would have been much more persistent, and would not have yielded even to Turkish baths. At first he had been disposed to think that one or more of the chordæ tendinæ of the auriculo-ventricular valve had ruptured, an occurrence common enough on the left side of the heart, but much more rare on the right. The immediate result would probably be some incompetence of the valve with loud murmur due to vibration of the broken chord. All the symptoms of incompetence would then ensue; the torn chord would become contracted and coated with fibrin, and would progressively shrivel till only a small tough nodule remained. But all the symptoms of the present case could not be thus explained, and he still felt that the diagnosis was uncertain.

EXHIBITS BY DR. ALLEN.

Dr. ALLEN then exhibited the following specimens, of which he has furnished the accompanying descriptions and histories:

(1.) *Aneurism of the Left Ventricle of the Heart.*

D. R. R., a baker, æt. 53, was admitted under the care of Dr. Motherwell on February 12th, 1883. He stated that he had been ill five weeks; at first he suffered from indigestion and disinclination for work; then great shortness of breath set in, so that he had to sit up at night; then the feet became swollen. No history of previous illness was obtainable, with the exception of "rheumatic pains" which never caused him to take to his bed.

On admission, the patient was anæmic; feet cedematous; pulse weak; heart's beat felt at epigastrium; thrill all over the cardiac region; bruit with first sound at apex, extending upwards on left side; palpitation troublesome. Under treatment he improved and was allowed to go into the garden; but on the 23rd at 4. a.m. he died suddenly of syncope while at stool.

At the autopsy the heart was found hypertrophied and dilated, the left ventricle measuring $3\frac{1}{2}$ inches from the top of the aortic valves to the inner surface of the apex. At the back of the inter-ventricular septum, immediately below the right posterior segment of the aortic valve, there was an oval aperture in the wall of the ventricle, measuring $1\frac{1}{2}$ inches from above downwards, and $\frac{5}{8}$ inch from before backwards; the margins of this aperture were smooth and rounded, and were firmer behind and below than above and in front, for the wall of the ventricle for some distance below the opening had undergone a fibroid transformation. The aperture led into a large aneurismal pouch which projected backwards and forwards between the aorta and the root of the pulmonary artery. The sac pressed upon and bulged somewhat into the pulmonary artery and the adjacent portion of the conus arteriosus, over a space of nearly two inches in vertical diameter, narrowing the calibre of the artery and filling up the sinus of valsalva corresponding to the posterior segment of the pulmonary valve. The aneurism, when traced forwards, appeared on the front of the heart as a rounded pouch, $1\frac{1}{2}$ inches in its largest diameter, extending from between the aorta and pulmonary artery towards the left, becoming lightly adherent to the left auricular appendage. This pouch was comparatively shut off from the main sac, and was almost completely filled with firm partly decolorised clot. When traced backwards and upwards, the aneurism was found to come to the surface between the pulmonary artery and the aorta posteriorly, pressing upon the right auricle and then extending upwards in

close union with the posterior wall of the ascending aorta. In this manner, when the heart was viewed from behind, there seemed to be a lowly rounded pouch about $2\frac{1}{2}$ inches in diameter from above downwards growing from the back of the first portion of the aortic arch at its extreme root; but, when the heart was examined from within, this pouch was found not to communicate with the aorta, but with the left ventricle itself in the way described above. The walls of the pouch were thick and lined for the most part by layers of imperfectly decolorised fibrin.

The aorta itself was the reverse of healthy, being studded with opaque patches of atheroma and large calcareous plates, some of which tended to project through the inner coat of the vessel. The aortic and mitral valves were thickened and opaque, but free from vegetations. There had been very extensive old pericarditis, the heart being firmly bound to the adjacent structures so that the removal and dissection of the specimen was a matter of no small difficulty.

NOTE.—Over a hundred cases of aneurism of the heart are now on record. The left side of the heart monopolises all the cases, the right cavities being exempt. In the great majority of instances it is the left ventricle that suffers. The apex is affected more commonly than the base, but three or four cases are known to have originated in the same part as was implicated in the specimen now described. The upper and back part of the ventricular wall, just below the aortic valves and behind the septum ventriculorum, is very weak, and has been termed the "undefended space" (*vide* Peacock's article in Reynolds's System, vol. 4), and this is the part which gave way in the present instance.

(2.) *Sloughing of Intestines from Obstruction of the Mesenteric Artery.*

These specimens were obtained from B., an old woman who was admitted under the care of Dr. Beaney on February 19th, 1883, suffering from ulcerated legs, diarrhoea, and severe hæmorrhage from the intestines. The patient was very prostrate, and could give no history of her illness, and death occurred the same day. At the autopsy large ulcers were found on both legs; large *varicose veins* were seen in the hams, and still larger ones at the upper part of the thighs, especially at the upper and inner part of the right thigh, where tortuous knobby varices were stuffed full

of old hard clots, which projected upwards along the saphena into the common femoral vein, ending in a free conical process, but not completely occluding the main vessel.

The *heart* was dilated, with moderate hypertrophy; the aortic valves were opaque, and contained small nodules of calcareous matter, but all the valves were free from vegetations, nor were there any thrombi in the auricular appendages.

There were peculiar patches of engorgement scattered through both *lungs*, different areas having a deep purple colour, or being gorged with fluid. This condition was most marked in the left lung, and on careful examination large branches of the left pulmonary artery were found completely blocked for considerable distances by branching processes of firm, partly decolorised clot. The pulmonary veins also contained softer darker clots. The vessels of the right lung were similarly affected, but in much slighter degree.

The *liver* was fatty and friable. The *spleen* contained a large deep purple infarction, of irregular wedge-shape.

The *small intestines* were lightly bound together, abundant recent lymph being smeared over them here and there. There was fairly general injection of the serous surface; but, at varying distances along the intestine, whole coils, sometimes six or seven inches in length, were bloodless and of dead yellowish white colour, the coats of the affected portions being somewhat friable, and the mucous membrane corresponding being already distended with bubbles of gas. These sloughing coils of intestine were separated from the more healthy parts by zones of intense congestion. The mesenteric arteries leading to the affected coils were found to be plugged by long branching processes of firm dark clot, sometimes extending through four or five inches of a vessel and its offsets; in some instances the vessels were occluded right up to the edge of the intestine, but in others the clot ceased suddenly in arteries of considerable size.

NOTE.—This case is an example of a very rare condition, sloughing of the intestines from obstruction of the mesenteric arteries; and it is interesting because of the presence of all the links in a chain of causation uniting the old varicose veins of the thigh with the final fatal peritonitis and hæmorrhage from the bowels. I am not aware of any similar case on record.

(3.) *Dysentery and Abscess of the Liver.*

W. M., æt. 30, a printer, was admitted under the care of Dr. Robertson on 22nd January, 1883. Patient had suffered from cholera while in India, nine years before; and six months ago he contracted quotidian ague. His present illness commenced while he was at Colombo, shortly before Christmas, but became more severe during the voyage to Victoria. At first there was diarrhœa, with pain during defæcation; then the fæces became mixed with mucus, and his sufferings grew more severe; and during the last six or seven days he has been passing blood. Under treatment patient improved somewhat, and, though the stools continued slimy, yet no blood was noticed till February 10th, when severe hæmorrhage occurred, leaving the patient collapsed and anæmic. Though the bleeding did not recur, the patient became more and more prostrate. Diarrhœa continued, with offensive slimy stools; bedsores commenced to form, and death occurred on the 16th.

At the autopsy the body was found much emaciated; it was tattooed from the neck to the toes with carefully-worked symmetrical patterns in cinnabar and Indian ink; thus a huge crucifix covered the whole back, while the abdomen was adorned with a tombstone, over which angels were stooping on either side. Round the neck and hips ran continuous girdles of shields and other devices, the upper one terminating in front in a medallion portrait in Elizabethan style. On the left side of the chest was worked a dagger, apparently thrust into the flesh, with gouts of blood dropping from the wound. Various figures of women, soldiers, marines, guns, flags, &c, covered the rest of the body, with the arms and thighs. The legs were darkly stained with a kind of check pattern, and the feet were dotted with sprays of leaves and fine scroll work.

On examining the intestines, the ileum was found free from ulceration; but near the valve there was considerable congestion, with swelling of the solitary glands. The cæcum was thickly studded with large ulcers, more or less rounded, or oval, or irregularly confluent; their edges were shelving, ragged, or slightly undermined; their bases were sometimes sloughy, or ragged and filamentous, and of yellowish-grey colour; but at other times they were smoother and paler, sometimes exposing the circular muscular fibres of the bowel, or penetrating even to the sub-peritoneal tissue. The ascending and transverse colon

was similarly affected, but in less and less degree, while the descending colon and rectum displayed only a few small ulcers.

The liver weighed 118 ounces, being double the normal size. The right lobe was firmly adherent to the diaphragm, and contained a huge abscess, full of very offensive grumous yellowish-white pus. The walls of the abscess were soft, ragged, and yellowish-grey, limited externally by a broad zone of deep congestion, which extended all round the abscess. The portal vein and its branches within the liver contained pale, soft, unadherent clot, of a somewhat granular appearance.

(4.) *Typhoid Fever*—*Peyer's patches swollen, pale, and reticularly pitted—death on tenth day.*

E. A. R., a married woman, æt. 21, was admitted under the care of Dr. Robertson on Friday 8th, 1883, suffering from typhoid fever. She had been ill six days, the prominent symptoms being diarrhoea, fever, thirst and severe cough. There was slight abdominal tenderness, but no distension and no spots. Loud rhonchi were audible all over the chest. The cough had been noticed for six weeks, but had become more severe during the days preceding admission. Evening temp. 101·4°.

Feb. 9.—Patient feels weak and giddy, is deaf, and looks dull and heavy. Tongue dry and irritable; bowels open only once since previous day; cough troublesome; sputa muco-purulent and frothy; rhonchi and râles all over chest. Morning temp. 99·6°; evening 102·4°.

Feb. 10.—Tongue dry; sordes on teeth; abdomen tympanitic; diarrhoea stopped. Pain and tenderness in right iliac fossa. Morning temp. 100·8°; evening 101·7°.

Feb. 11.—Slightly delirious last night; sputa more scanty and viscid; abdomen tender; bowels regular. Respirations 40, pulse small and feeble, 120; evening temp. 103°.

Feb. 12.—Pulse feeble, running, irregular, 144. Morning temp. 102·4°; resp. 42; delirious last night; diarrhoea again troublesome. Patient very low. Death occurred during the day.

At the autopsy, the body was found to be spare, the *muscles* not darkened in colour. The *heart* was everywhere relaxed. The *lungs* extremely emphysematous with patchy purplish discoloration and slight friability, especially of the dependent parts, the bronchial tubes containing much viscid mucus. The *liver* friable. The *kidneys* large; capsules tending to adhere; surface uneven at parts,

or slightly granular; cortex broad and pale. The *spleen* engorged, weighing 12 ounces.

The *ileum* throughout its lower ten feet displayed typhoid lesions of unusual character. Peyer's patches, especially near the valve, were much thickened, pale, opaque whitish, dotted more or less thickly with small follicular pits, and forming very prominent raised plaques along the free border of the intestine. The solitary glands were also much enlarged. In the *cæcum* there was a single deep ulcer with tags of adherent slough. The *mesenteric glands* were swollen, succulent, and deep purplish red.

The present specimen consists of the ileo-cæcal valve and adjacent parts, and of an intumescent Peyer's patch a short distance up the ileum.

(5.) *Typhoid, probably relapsing; death on the thirteenth day by hæmorrhage from ulcer in cæcum.*

W. C., a driver, æt. 21, was admitted under the care of Dr. Williams, on February 15, 1883. He said his illness commenced four days previously with shivering, followed by headache, fever, cough, and diarrhœa. On admission patient was dull and heavy; face flushed; pupils slightly dilated; tongue furred; abdomen tympanitic, with gurgling and tenderness over the right iliac fossa. Pulse 100; respirations 28; temperature 102·8°.

Feb. 16.—Bowels less loose; faint rhonchi over back of chest. Pulse 94; respiration 24; morning temperature 101°; evening 103°.

Feb. 17.—Slight dulness over the bases of both lungs; breath sounds muffled, with fine crepitation and occasional rhonchi; slight cough; no expectoration. Delirious last night; face flushed and dusky; abdomen tympanitic, with tenderness and gurgling in the right iliac fossa; no spots; stools liquid and yellow. Pulse 100; resp. 37; temp. morning 101°; evening 103°.

Feb. 18.—Delirious; tongue dry at tip; pulse 108; respiration 44; temperature, morning 102°; evening 101·6°.

Feb. 19.—Tongue dry and brown; very little cough; was quieter last night. Pulse 100; respiration 44; temperature, morning 100·4°; evening 102°.

Feb. 20.—Very drowsy; tongue very dry; sordes on teeth; pupils contracted; slight subsultus; stools still liquid and yellow. Slight dulness over bases of both lungs. Passes urine involuntarily at times. Pulse 122, smaller and more compressible; respirations 38; temp., morning 100°; evening 102°.

Feb. 21.—Slight vomiting ; restless ; tongue very dry. Pulse 120 ; respirations 22 ; temp. morning 100°, evening 101.3°. Pulse weak and slightly dicrotic. Bowels still loose.

Feb. 22.—Pulse 104 ; respirations 36 ; temp., morning 99.4°.

Feb. 24.—Hæmorrhage from the bowel set in during the morning and rapidly became very profuse, and death occurred at 10 p.m.

At the autopsy the large intestines were found full of blood, which had come from a deep oval ulcer in the cæcum close to the valve, a process of dark clot being still adherent to the centre of the ulcer. Within the ileum the surface of the valve and the adjacent portion of the intestine for about two and a half inches were covered with irregular dusky yellow slough. Immediately above this, the mucous membrane was dotted with pale ulcers, of somewhat oval form, often so deep as to expose the circular muscular fibres, and possessing thin free edges, which floated up when a stream of water was directed into them. Still further up the bowel, Peyer's patches were swollen, opaque, reddish, with abraded or flocculent surface, and much surrounding congestion. The solitary glands were also swollen. The mesenteric glands turgid, purplish red and friable. The spleen gorged with blood, and weighing 15 ounces. It was evident in this case that the pale deep ulcers in the ileum were of older date than the sloughs upon the valves, and the intumescent patches above-mentioned.

NOTE.—Such hæmorrhage from the cæcum is a very rare event in typhoid fever ; yet this is the second case of the kind which has come under my notice during the present year. The earlier case was that of G.M., a blacksmith, aged 29, who had only been one month in the colony. He was admitted into Dr. Robertson's ward on January 4th. He had been ailing fourteen days, first with headache, giddiness and vomiting, and subsequently with severe diarrhoea and great thirst. On the morning of admission he passed a large quantity of blood per anum. When brought to hospital his temperature was 102.2°, pulse 108 ; tongue dry in centre ; abdomen slightly tympanitic, with tenderness over the right iliac fossa. The hæmorrhage continued, and death occurred the same evening. Here again the hæmorrhage came from a deep ulcer in the caecum, no blood being found in the small intestines, although the lesions of typhoid fever in the early stage were well marked there.

(6.) *Tubercular Ulceration of Intestine.*

T. M., a man aged 40, was admitted under the care of Dr. Williams on February 14th, 1883. He stated that he had been losing flesh for two or three years, the symptoms being much more urgent during the last fortnight. He complains of diarrhœa, with watery stools, shortness of breath, slight cough, and swelling of the feet, especially the left; no abdominal tenderness. There were râles and rhonchi all over the chest. The urine was pale and acid; specific gravity, 1007; no albumen.

The diarrhœa continued; cough became more troublesome, with muco-purulent expectoration, and death ensued on the 19th.

At the autopsy the body was found much emaciated. Throughout the lower half of the ileum there were large tubercular ulcers in Peyer's patches, all tending more or less to spread transversely; their edges were irregularly indented, or almost worm-eaten in appearance, thickened, granular, sometimes red, sometimes pale, and shelving gradually towards the centre of the ulcers. Their bases were opaque, thickened, grey, and more or less distinctly granulated. The sub-peritoneal tissue opposite them was studded, sometimes thinly, sometimes very thickly, with prominent whitish miliary tubercles, of defined rounded shape. The mesenteric glands were large and pale. The kidneys were decidedly granular.

NOTE.—The morbid anatomy of phthisical diarrhœa varies greatly; sometimes there is pronounced ulceration, sometimes none at all; and on the other hand the most extensive tubercular ulceration may exist without any history of diarrhœa, hæmorrhage, pain, or tenderness.*

(7.) *Laryngeal Diphtheria.*

F. P., a boy aged 7 years, residing in Langridge-street, Collingwood, was admitted into the hospital on February 28, 1883. His illness commenced about a fortnight before, with dry croupy cough, followed on the third day by a chill; appetite was lost, and the patient, though free from pain, became very weak. The cough increased in severity, tenacious phlegm being expectorated, and the child was gradually exhausted by suffocative paroxysms. By the tenth day of the disease "thick white slime" was being expectorated, and at other times "matter and pale blood." The

* The clinical notes of these cases have been compiled from the ward books kept by Dr. Syme and Dr. Bage.

voice then became reduced to a whisper, breathing laboured, but no delirium. On admission the child was extremely weak, all the symptoms of laryngeal obstruction being marked. Tracheotomy was performed, and artificial respiration adopted; the child made two or three spasmodic attempts at inspiration, but death followed almost immediately.

The previous health of the patient had been good. A boy living in the next street and attending the same school, died about February 21, with "bad throat and choking;" and a little girl living about a hundred yards off died in the same way a few days ago. A sister of the deceased is complaining of dryness of the throat, with husky voice.

For these clinical notes I am indebted to Dr. Bage, the Resident Physician.

At the autopsy, the whole larynx and trachea were found lined by diphtheritic membrane, which in the upper half of the larynx was rough, corrugated, and firmly adherent. Lower down it formed a complete mould around the trachea, readily peeled away, but leaving a deeply congested abraded surface. The membrane became thinner and thinner till it ended in the main bronchi. The mucous membrane around the aperture of the larynx was decidedly oedematous, and from this cause and from the presence of the exudation, the canal of the larynx was completely blocked, while the lower part of the trachea and the bronchi were stuffed full of frothy mucus. The tonsils were slightly swollen, and deeply pitted, and minute patches of yellow adherent membrane were found in the pits, evidently not mere secretion of the follicles.

EXHIBITS OF INSTRUMENTS.

Messrs. Mayer and Meltzer then exhibited a collection of novel surgical instruments, which gained marked commendation for their excellent workmanship and mechanical ingenuity.

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MARCH 1883.

CLINICAL INSTRUCTION.

In September, 1881, the Faculty of Medicine in the Melbourne University addressed a formal report to the Council, drawing attention to the defects in the methods of

training which then prevailed. One clause is of so much importance that we transcribe it entire :—"The absence of any adequate provision for the regular instruction of students in *Clinical Medicine* and *Clinical Surgery* constitutes the worst feature of the present curriculum of medical study. The Faculty would urge that Lectureships should be established in these subjects as soon as possible. The duties of the Lecturers would be twofold ; in the first place, to train students to examine patients, to elicit their medical history, to recognize the physical signs of disease, &c. ; in the second place, to deliver lectures, or to give more connected instruction concerning certain special cases or groups of cases presenting themselves for observation." The Faculty suggested also that each Lecturer should receive £100 per annum, with fees from the students attending the clinical classes. But though so little expenditure was involved, and though the subject has been repeatedly pressed upon the attention of the Council, nothing has yet been done. The University authorities apparently considered that they had fulfilled their duty in asking the Committee of the Melbourne Hospital to appoint one physician and one surgeon as clinical teachers ; but the Committee very wisely refused to do anything of the kind, and so matters remain as of old, all the members of the honorary staff being supposed to give clinical instruction, but without any definite responsibilities, with no special appointment, status, or salary. What is everybody's business is nearly always nobody's business ; and though some members of the staff do attempt to teach the students who attend them in their rounds, yet all such training is spasmodic, unsystematic, and most incomplete. To make matters worse, it happens that the Lecturers on Medicine, on Surgery, and on Obstetrics have not a single bed set apart for their use in any of our hospitals, and hence they have no opportunity of illustrating their lectures by reference to cases with which the students are familiar, nor can they in any way atone for the absence of special clinical teachers.

Since the present system of training students in practical medicine and surgery is so deplorably defective, surely the

Council will take measures to improve it forthwith. No doubt exists as to what is requisite. Distinct lecturers should be appointed for Clinical Medicine and Clinical Surgery with status and salary as University officers; and the lecturers on Systematic Medicine, Surgery. and Obstetric Medicine should, *ex officio*, have certain beds appropriated to their use in our clinical hospitals, so that they may give a more directly practical character to their teachings. The subject is one of vital importance to our Medical School and we trust that it will receive immediate attention.

HYDROPHOBIA.

The alarm sometimes expressed about the possible introduction of hydrophobia into these colonies, is no doubt justified. Whether or not it should prove true that cases of canine rabies have actually occurred in New South Wales, it certainly is little else than a lucky chance which has hitherto kept Australia free from it. Of late the risk has greatly increased. The disease has been more prevalent in England than it was ten years ago, and the shortening of the time spent on the voyage, as well as the more frequent communication have made its introduction more likely. Though doubt has often been thrown on the reported long period of incubation of the disease, the most recent reports go to show clearly that, in the human subject at least, it may extend to about two years. The Forty-second Annual Report of the Registrar-General for England contains a table showing the deaths from hydrophobia in the year 1879, and giving for the first time, among other details, a statement of the period between the bite and death. There were in all 35 fatal cases, the incubation period being stated only in 12. The periods assigned were, 5 weeks in 2; 6 weeks in 1; 2 months in 1; 3 months in 5; a year in 1; 22 months in 1; and 2 years in 1.

It is much more difficult to be sure of the incubation period in the dog. An animal may have been bitten on several occasions, without the owner being aware of the fact. But nevertheless, the best authorities are agreed that, even in that animal, and in others liable to the disease, the incubation period may extend to at least six months, though it is seldom longer than six weeks. It is clear, therefore, that a dog might have been inoculated by means of a bite before being shipped, and yet arrive in these

colonies apparently unaffected. If a diseased animal were to be let free, it would have ample opportunity of communicating the infection to others, curs of every sort simply swarming all over the country. When the risk we are running is so great, it may surely be well to inquire what are the advantages supposed to compensate for it. It can scarcely be considered that perfect freedom to import dogs is a full equivalent, since of all breeds of these we have store enough. The hardship resulting from the total prohibition of the introduction of dogs would be very little felt; and it is a pity that overtures made by the authorities of this colony to those of New South Wales were not more favourably received. Action must be common to be effective, and if prohibition cannot be agreed to, at least a heavy import tax, with quarantine till any reasonable incubation period might be assumed to be past, might by agreement be adopted. It would be well also, as a proper matter of precaution, to exercise greater stringency in enforcing the law for the registration and taxation of dogs now in the country. By these measures complete security might be provided, and we are entitled to expect nothing less from the Governments of these colonies.

Review.

THE VICTORIAN YEAR BOOK FOR 1881-82.

The last issue of this valuable hand-book is considerably enlarged, and in some respects improved. It has special value as containing the summarised results of the census taken in April 1881. Many of the tables which, in previous issues, could be based only on estimates more or less inexact, rest, on this occasion, on the full and accurate returns then obtained. In the main, of course, it follows the same plan as its predecessors, the object being to give, in a condensed form, and with more or less of commentary, the statistical history of Victoria for a year. Fault has been found with Mr. Hayter, perhaps a little unfairly, for having so commented on some of the returns given. The *Year Book*, however, should be looked on as a popular work, giving information to the average reader, for whom the bare, if elaborate details of the *Statistical Register* have no charm, and probably little meaning. If the comments are fair and reasonable deductions from the data supplied in the tables, they undoubtedly add to the

interest and usefulness of the work, and are, in fact, all that most persons care for or could appreciate. It is perhaps a pity that these deductions should have to be drawn by a government officer, whose utterances may possibly be supposed to serve some political end; but as no private person finds it to his interest to undertake such a work, we must take it and be thankful, trusting to specialists or politicians to correct any points considered to need correction.

It would be vain in a short notice to attempt giving a full account of the matter contained in a work such as the *Year Book*. A few remarks can only be made on subjects of interest to medical readers; the question of the loss of adult males in the period 1871-81, even being passed over as one which has often been discussed in the public prints. Not only to us, but to most people, the section on vital statistics is most attractive, since in it are given all kinds of details about births, marriages, and deaths, which are, after all, the most important incidents in human history.

The tables bearing on the marriage rate are numerous and full of interest. There has been much controversy on this subject, in which there has not been always shown a proper knowledge of the fallacies which await the inquirer. It is now apparent that the very low rates, brought out in the estimates of the later years of the decennium, were incorrect, owing to erroneous estimates of the population. It still appears that the number of marriages to each 1000 of the population did undergo a great decline, the rate reaching its lowest in 1879, when it was only 5.98, considerably lower than in any of the other colonies during the same period. It is very true, as Mr. Hayter shows, that any such comparisons, based merely on an enumeration of the population, without account taken of proportion of the sexes, and the relative numbers living at different ages, may be very deceptive, but any other method has also its fallacies. It is satisfactory to find that, according to any method of calculation, the marriage rate was higher in 1881 (6.79) than in any year since 1869. The almost fruitless controversies which have arisen on this subject of late years, afford a striking illustration of the difficulty in reaching correct conclusions with a population so variable in its constitution as that of Victoria. The great increase in the marriageable portion of the female population, and certain of its consequences are brought out in a very striking way in tables given on pages 167 and 175. In 1854

this colony was a very paradise for single women desirous of changing their condition, about one in four of the marriageable females finding mates. In 1881 things had greatly changed, only about one in twenty of the same class being married. Even so lately as 1871, the chance of a widow becoming married again was better than that of a widower, the numbers remarried being 605 of the former to 587 of the latter. In 1881 the proportion was quite reversed, the numbers being 551 to 679. The desirability of very early marriages is a subject on which much might be said, both for and against. On the whole it is perhaps matter of congratulation that such marriages have become less frequent of late years. Contrary to what is often supposed, it does not seem that they occur so frequently in Victoria as in England. The proportion of males married, under 21 years of age, to 1000 marriageable persons of that class, was 4·03 in 1880-81 in this colony, while in England in 1870-72 it was 18·32, the respective rates even for females being 23·73, and 34·08.

Over the decline of the birth-rate of late years in Victoria there has also been much controversy. The decline, though not so great as was supposed before the census was taken, was steady and sensible up to 1880, when it reached the very low figure of 30·75 per 1000 of mean population. In that year it was lower than in any other of the Australasian colonies, and greatly below that in Great Britain, and indeed most European countries. Whether it is entirely to be explained by the reduction in the number of married women at the child-bearing age, as Mr. Hayter insists, or in part by increasing knowledge of and adhesion to the Malthusian doctrine in its practical applications, it is not easy to say. It is probable, however, that the latter influence is coming to tell here, as it has long done in France, to the great dismay of the statesmen and statisticians of that country. In 1881 there was a slight rise to 31·24, parallel with the rise in the marriage rate in 1880. One very striking point in connection with the birth returns is the great reduction in the rate for the country districts, during the last few years. According to the *Year Book*, it had fallen from 36·32 in 1873 to 28·58 in 1881. This is to be explained, no doubt, by the change which has been going on in the constitution of the population. In a new country the young adults ought to be pushing out into the new districts and improving them, while it rather seems that they are leaving the colony altogether, or gathering into the towns. If the estimates

given by Mr. Hayter in earlier *Year Books* had proved correct the decline would have been almost alarming. There was error, as it now appears, in the estimate of population, so that the rate per 1000 was given as low as 26.18 in 1879 for instance, instead of being, as now appears, 29.63. From every point of view it is unfortunate that, in a young community like ours, such a large proportion of children should be born in the towns, where conditions are so unfavourable to them compared with what they are in the country. Many other interesting details are given in the *Year Book*, which can only be shortly mentioned. Illegitimacy seems to be steadily increasing, the proportion of illegitimate births having been 1 to 20 in 1881, as compared with 1 in 21 in 1879-1880; 1 in 24 in 1878; 1 in 26 in 1877; 1 in 27 in 1876; and only 1 in 34 in 1875. It is possible, as Mr. Hayter suggests, that the earlier returns are not so correct as the later ones; but an increase of illegitimate births is what might have been expected, in view of the great increase in the number of unmarried women in the community, and especially in Melbourne. Interesting tables bearing on this point, and also showing the comparative extent of illegitimacy in the colonies and Great Britain are given, but for these the reader must be referred to the original. As regards the fertility of Victorian women, in respect of the frequency of multiple births, the statement is made that in the eleven years ending 1881, twins occurred once in 110 births, about the same proportion as in England, and triplets once in 12,215, a less frequency than in most European countries. In the absence of any provision for the registration of still births, full dependence cannot be placed on any such estimates or comparisons, and for many reasons it is desirable that such provision should be made. If Mr. Hayter were to throw his influence in favour of such a proposal, there might be more hope of getting it adopted soon, and thus removing from our registration returns a defect which they share with those of the mother country, but from which those of Germany, Sweden, and other European countries are free.

It is impossible to give space for even a very condensed account of the extensive series of tables with illustrative remarks on many subjects connected with the death rate and its causes. Comparative statistics from other colonies and the countries of Europe are given in illustration of many points. It is shown that the death rate in all the Australasian colonies is considerably lower than in Europe;

New Zealand being the most favourably situated, the mortality averaging only 12·38 per 1000 over a series of years. All the others are nearly equal, averaging between 15 and 16 per 1000, with the exception of Queensland, in which the rate averages 17·86. One point which requires fuller elucidation than is attempted in the *Year Book* is the extraordinary difference as regards rate of mortality between Melbourne and other towns, and the country districts. In 1881 the rate for Melbourne was 19·32, for the other towns 19·55, and for the country districts 7·88 per 1000 persons. In 1881, no doubt the difference was unusually marked, but it is shown that at least in every year since 1873, the country death-rate was invariably less than half that of Melbourne. A return, showing the main causes of this relatively excessive mortality in the urban population, would have great value. The needful data cannot, however, be got from the *Statistical Register*, which gives the numbers of deaths, with causes and ages, only for Melbourne and for the whole colony. There might be a good deal of labour involved in the preparation of such a return; but its interest and value would be sufficient to repay the trouble. The subject of infant mortality is discussed with considerable fulness, without, however, consideration being given to its chief causes, with the exception of a casual reference to the prevalence of epidemic diseases. Perhaps Mr. Hayter may be able in a future issue to give some information especially about the causes of death among infants under one year in town and country. Among the subjects most fully illustrated are the deaths from zymotic diseases, and in most detail from typhoid fever; those from phthisis, on which very full details have been supplied in several of the recent issues of the *Year Book*; and those among lying-in women. On the two last points abundant materials are provided for enabling inquirers to arrive at conclusions as to the prevalence of consumption, and the high rate of mortality among women in childbed. The lessons to be learned from the statements made on these points cannot here be entered on, this notice being already longer than was originally intended. It would not be fair to conclude, however, without an expression of thanks to Mr. Hayter for the very valuable work which he has produced, one in fact with scarcely an equal in its kind, and indispensable as a guide to inquirers in most of the departments of what is called social science.

J. J.

Correspondence.

INADEQUATE REMUNERATION OF MEDICAL WITNESSES.

To the Editor of the Australian Medical Journal.

SIR,—I suppose we can hardly follow the example of the tailoresses, and *strike*, and do as "J. J." recommends in your last issue—decline to give any more lunacy certificates; but he certainly shows most conclusively that some action should be taken by which the scale of medico-legal fees may be placed on a more satisfactory footing.

The case mentioned by "J. J." is nothing in comparison to what we in the country districts have to put up with; my case mentioned in your issue for May last, where I travelled over forty miles, examined a lunatic, and never received anything, is decidedly worse than hunting a guinea as described by your correspondent, and which, in the long run, he will most likely get.

A deputation to the Attorney-General from the Medical Society, and the Victorian Branch of the British Medical Association, was to have taken place on this subject, but seems to have fallen through since the publication by you (June, 1882) of a letter from the Secretary of the Law Department to the Secretary of the Medical Society.

In that letter it says:—"The sums payable being *fixed* by law, Sir Bryan O'Loughlen would be glad, for the present, to be relieved of the necessity of discussing the matter, &c." Now when, I should like to know, was the law passed altering the mileage rate from eighteen pence to one shilling for attendance at inquests, &c.?

I do not remember seeing anything about the law being passed; the police know nothing of it; on all the forms used in this district, eighteen pence per mile is printed, but on the account being sent in, only one shilling is allowed. For anyone to have to drive twenty miles to attend an inquest, as I have done twice lately, and then the twenty miles home again, and receive twenty shillings, is absurd. Of course there is the guinea extra for the evidence, but it is the mileage allowed that is so ridiculous, besides being arbitrarily reduced from eighteen pence to one shilling, when the law is stated to be fixed.

"J. J." says he will turn a deaf ear to the voice of the next policeman; so would anyone when they can. For instance, last

week a girl was brought for me to examine, on whom a rape was said to have been committed a few days previous. Knowing that I should have to attend a court sixty miles from here, I refused, and the girl was taken the sixty miles, and, no doubt, examined some days after, when it would be perfectly useless. Again, I refused to go forty miles to attend an inquest on the body of a boy, for the simple reason that it meant being away more than a day, my horses and self having to travel eighty miles, pay all expenses, and receive the munificent sum of forty shillings mileage.

But what can one do with a raving lunatic, or a dead body in perhaps a patient's house, no other medico within two days' journey, when nothing can be done without one's evidence, but go first, and grumble afterwards?

The sooner, therefore, the Societies wait on the Government and explain the utter inadequacy of the present rate of remuneration, the better.

I am, Sir, yours, &c.,

F. D. HAYMAN, M.R.C.S.

Harrow, March 12, 1883.

Extracts from the Medical Journals.

THE LANCETS.

Mr. Christopher Heath, in a clinical lecture on "Calculus in the Female Bladder," strongly recommends as an important part of the after treatment of the usual operation—mopping out the viscus with a solution of nitrate of silver (3 j. to 3 j.). By this means, a patient whose history he relates passed from the first acid urine, instead of the abominably offensive ammoniacal urine which had been present before. The symptoms of stone in the female "closely resemble those in the male, except that from the close propinquity of the bladder to the uterus, they may be referred to the latter organ. Frequent micturition, pain especially after emptying the bladder, with 'bearing down,' should direct attention to the bladder, and the condition of urine, which last is probably thick, and may occasionally contain blood." Mr. Heath is inclined to think that stone is more common in females than is generally supposed, and that the symptoms are often referred to uterine disorders, and thus escape observation. He advises the "one-sitting" method of lithotrixy. "The ordinary lithotrite, or a shorter one made for the purpose, may be readily employed ; or

where, as in the great majority of cases, the stone is soft and friable, recourse may be had to simple lithotomy forceps, and the crushing power of the hands."

Mr. Wm. Martin Coates finds that twenty-four years' experience has confirmed him in the opinion that the following is the *best and safest method of administering chloroform*: Five minims of the anæsthetic are poured into a Snow's inhaler, followed by ten in twenty seconds, and in forty seconds by fifteen, and then fifteen every minute until the patient became insensible, and afterwards an occasional ten minims, sufficed in almost every case to produce and maintain complete anæsthesia. "Although I have during these twenty-four years never been prevented administering it by extreme age or infancy, by chronically diseased heart, lungs, or kidneys, I have not had a death by chloroform."

Apomorphia in cases of Poisoning.—Dr. Routh publishes two cases of poisoning, one of oxalic acid, the other alcoholic, in which he used the subcutaneous injection of this derivative of morphia. In doses sufficient to cause emesis, it has no narcotic effects. It should be kept in a solution of 1 in 50 strength, and is to be given subcutaneously in doses of from $3\frac{1}{2}$ to 10 minims ($\frac{1}{15}$ - $\frac{1}{2}$ gr.) Emesis occurs in from two to five minutes, the contents of the stomach being usually voided in one rush without previous nausea, but with violent and visible muscular action of the stomach walls. "If only the certainty, rapidity, and absolute safety of apomorphia were known, it would undoubtedly form part of every practitioner's paraphernalia."

In a "Note on Amputation," Mr. Savory advances a few words of advice as to the treatment of those injuries of limbs in which it is doubtful whether we should amputate or not. He truly says that "the rules of surgery on this subject are necessarily vague." "In endeavouring to form a judgment in such cases it seems to me that one has to consider, first of all, whether the injury is greater than any operation for its removal. If the operation would not be the means of substituting a less injury for a greater—less for more risk in the future—it surely ought not at this time to be thought of. And deciding in favour of an operation on this ground, the question comes: is the chance of recovery from the operation so much greater as to cover the risk from the second shock which the operation would necessarily cause? Then further, assuming the injury not to be beyond all reasonable chance of repair, is it worth while, for the prospect of such future use in the

limb that might remain to him, for a man to run, in order to preserve it, any additional risk of his life? And, if so, to what extent? With all this it has to be borne in mind, that if an attempt is made to save the limb, in the event of failure there may be some chance in the future of removing it, and of still saving life. But the probability is that such secondary amputation will be forced on us under unfavourable conditions; in other words, there will be but little choice of time."

On Manganese in the Treatment of Amenorrhœa.—Drs. Ringer and Murrell have succeeded, with permanganate of potash, either in pill or solution (dose gr.j.—ij. three or four times a day for a few days before the time of the expected period), in bringing on the flow "almost to a certainty." The cases were such as come under the general, as distinguished from the obstetric physician, and do not include those requiring operative interference. "Our most striking results have been obtained in young women between the ages of eighteen and twenty-five, who, from some accidental or trivial cause, have 'missed' once or twice, after having been regular." In such doses the drug has no power to produce abortion, either in the early or late stages of pregnancy.

The Operation of Ligature of the Subclavian Artery for a large axillary aneurism, has been performed at St. Thomas's Hospital by Sir W. MacCormac with success. It is described as follows:—An incision was first made $2\frac{1}{2}$ inches long, parallel to, and corresponding with the central portion of the clavicle, and half an inch above it. From the inner extremity of this wound a further incision was made obliquely upwards along the outer border of the sterno-mastoid muscle. By this means great additional space was gained. A large external jugular vein, much distended, lay in the way, and as it impeded the further steps of the operation, it was divided between a double ligature. The omo-hyoid muscle was then exposed after a little dissection, and afterwards the last cord of the brachial plexus, close below which the artery could be plainly felt and seen. The sheath was carefully opened, and a thread of thick catgut passed round the vessel, taking care to disturb it as little as possible. There was no bleeding. Antiseptic precautions were used. The right arm was swathed in cotton wool, and kept in place by a bandage.

Dr. Barnes, writing on the treatment of post-partum hæmorrhage by the injection of a solution of perchloride of iron, says:—"The styptic solution should be strongly styptic. One in ten may be

strong enough, but I prefer one in eight. The first thing to do is to take care that the uterus is free from blood or clots. To ensure this a stream of hot water should first be sent through. This is the last appeal to the diastaltic force. If it check the hæmorrhage, the iron will not be used. But often it will fail; then the iron comes to the rescue as the last resource. About eight ounces should be injected slowly and gently." Dr. Barnes much prefers this method to that of "swabbing" out the viscus.

R. A. S.

BRITISH MEDICAL JOURNAL.

The Mortality Referable to Alcohol.—At the end of a long and carefully prepared report recently drawn up by a Committee of the Harveian Society, it is concluded: that there is, upon the whole, reason to think that, in the metropolis, the mortality among any considerable group of intemperate persons will differ from that generally prevailing among adults in the following important particulars, viz., a fourfold increase in the deaths from diseases of the liver and chylopoietic viscera; a twofold increase in the deaths from disease of the kidney, a decrease of half as much again in those from heart disease, a marked increase in those from pneumonia and pleurisy, a considerable increase and an earlier occurrence of those from disease of the central nervous system; a marked decrease in those from bronchitis, asthma, emphysema, and congestion of the lungs, a decrease nearly as great in those from phthisis, and a later occurrence, or at least termination, of the disease; a very large decrease in those from old age, with an increase in those referred to atrophy, debility &c., and the addition of a considerable group referred in general terms to alcoholism or chronic alcoholism, or resulting from accidents.

Indian Enteric Fever.—Dr. R. H. Quill, Surgeon to the Army Medical Department, gives the result of an examination of the annual returns of the sick and wounded troops at Assirgarh, Central India, from 1875 to 1881. The station is completely isolated and the conservancy carried out by the "dry earth system," the contents of the latrines are emptied into a ravine two hundred yards from the station, twice daily. The drinking water is carefully filtered. Every precaution is taken to avoid exposure to faecal impurity. During the period just mentioned, not one single case of enteric fever occurred among the troops. The believers in the climatic origin of cases of enteric fever in India

very correctly point out, that the principal victims of this fever are young soldiers, with little Indian service; and that the older men, with an Indian service of four or more years, are rarely sufferers from it. Without gainsaying this observation, or attempting to account for it, Dr. Quill would simply say that, for a space of five years, Assirgarh has been occupied by successive batches of young and unseasoned soldiers without the occurrence among them of any type of fever, other than the mildest form of ague. The climate of Assirgarh is no better than that of many other stations in the Bombay Presidency, where enteric fever is of only too frequent occurrence; but its isolated situation, and the nature of its surroundings, lessen to a very great extent its liability to faecal contamination of any sort; and herein lies the reason for the immunity it enjoys from the presence of enteric fever.

Nocturnal Enuresis, Treated by Voltaic Alternatives.—Dr. Althaus writes: "In June 1882, I was consulted in the case of a boy, aged 15, who had suffered from incontinence of urine during sleep, ever since he was nine years of age. He had been treated with belladonna and other medicines without relief; and as he was about to enter a public school, where a continuance of this trouble might have been particularly annoying, the parents were very anxious that something more should be done. The boy's general health was good, but he was considered a nervous child, and highly sensitive. There were no ascarides, but he had a very long prepuce which could only with difficulty be retracted. There was, however, no suspicion of masturbation. Treatment by electricity having been recommended, I applied the middle-sized circular cathode over the region of the bladder, and the large oblong anode (five inches by two) to the lumbar portion of the spine. The current-strength 2.50 milli-ampères for five minutes at a time. As after a few such applications no material benefit appeared to have been gained, I then added fifty voltaic alternatives produced in the metallic circuit. The night after this was free from the usual annoyance, and the boy has made an apparently uninterrupted recovery." Dr. Althaus prefers this method of treatment to injections of nitrate of silver, as recommended by Sir Henry Thompson. He believes that belladonna is of value when enuresis is distinctly caused by undue excitability of the bladder.

Compound Fracture of the Femur, Erysipelas, Pyæmia: Amputation of the Thigh: Subsequent Exarticulation at the Hip: Complete Recovery.—Arthur E. Barker F.R.C.S. Eng., Assistant

Professor of Clinical Surgery, and Assistant-Surgeon at the University Hospital, describes a case, under this title, at great length; the patient was a rivetter, aged 29, who fell from a roof and fractured his femur. The case illustrates, in the first place, what is, however, unfortunately rare in experience, namely, the possibility of recovery from pyæmia, even in a patient weakened by a most severe injury, prolonged suppuration, and an attack of erysipelas. Secondly, it illustrates the feasibility in some cases of amputating with the best results through the thigh for compound fracture, leaving a second compound fracture in the neighbourhood of the hip-joint to be treated otherwise later on, when the first amputation wound is healed. Thirdly, it shows that, in such a case, it is possible to exarticulate the whole of the remaining bone up to the hip-joint, without reamputation through the soft parts, but through a moderate opening in the outer side of the stump.

ANNALS OF ANATOMY AND SURGERY.

Radical Cure of Hernia.—Mr. H. O. Marcy cuts down upon the sac, under Listerian precautions, separates it from the surrounding tissues, replaces it in the hernial canal, and passes tendon ligatures "through both pillars of the abdominal ring, at the same time securing the sac in its replaced condition." Mr. W. Mitchell Banks similarly separates the sac, and cuts it off, after passing a catgut ligature firmly round its neck; he then stitches the pillars of the ring together with silver wire, which is allowed to remain *in situ*. Out of 19 cases of inguinal and femoral hernia so operated on, 14 were cured, 4 partially relieved, and one died a fortnight after the operation, "the fatal result being in no way referable to it." Mr. Rushton Parker simply ligatures the peritoneal sac at its innermost extremity. Mr. Spanton, of the North Staffordshire Infirmary, makes an incision through the skin of the scrotum over the fundus of the hernial sac, separates the skin and fascia from the sac with the handle of a knife, and invaginates the sac up to the internal ring with his forefinger. He then takes his strephotome, an instrument like a corkscrew, flattened at the point, but sharp; the point is to be thrust through the skin of the groin, piercing the outer pillar of the internal ring; giving the screw a turn, the point passes through the invaginated sac and then the conjoined tendon, and with successive turns it again transfixes the sac and both pillars of the external ring until the point emerges at the scrotal wound,

where it is protected by a small indiarubber ball, while the handle lies flat on the outer surface of the abdomen. The wound is closed by a single suture. After seven to ten days the screw is removed without difficulty, and an oiled pad and bandage kept applied till the parts are firm. Mr. Spanton finds no advantage from the use of carbolic spray. The screw is perforated near the point, and if it be desired will carry a catgut or tendon ligature, so that the instrument may be withdrawn at once and the ligature tightened. Mr. Spanton has operated on 60 cases of inguinal hernia; no deaths occurred; "in a large proportion of them a permanent and satisfactory cure has been effected, while in others the patients are so much improved that some who could not wear any effectual truss are now able to do so quite comfortably. In a small proportion the result has been almost nugatory. . . . The operation is especially adapted for those in which the hernial rupture is large and the sac bulky, or where a congenital rupture is of old standing."

A.

MEDICAL RECORD (N.Y.)

Prof. Dujardin Beaumetz of Paris discusses the *treatment of croup*. He considers that true membranous croup is diphtheria localized in the larynx, though in young subjects it is almost impossible to distinguish it from severe simple laryngitis. Aids to diagnosis are: expectoration of membranes, exacerbations of dyspnoea and the insidious onset in true croup, whereas in simple laryngitis the onset is sudden, noisy, and violent, the dyspnoea is more constant without any exacerbations, and no membrane is expectorated. The treatment is the same for both, viz.: Inhalations from a steam atomizer (medicated with potass. chlorate, lime-water, or salicylic acid) emetics of ipecac. and cupri sulph., a tonic regimen, and tracheotomy as soon as the attacks of dyspnoea become violent, the oppression great, and the child takes on a dull leaden hue. After tracheotomy, inhalations must be used more assiduously than ever. The success of tracheotomy depends on the malignity of the disease; when benign many will be saved; when grave nearly all will die, in spite of operation; still he considers there is no contra-indication for tracheotomy.

For the relief of intense pulmonary congestion Dr. Benj. F. Westbrook advocates the *direct abstraction of blood from the right heart* by aspiration. He operated, as a *dernier ressort*, in a case of pleuro-pneumonia. A warmed aspirator needle 1.5 mm. in

diameter was introduced through the third intercostal space, close to the right edge of the sternum, directly backward, till at a depth of about 5 centimetres it was free in the cavity of the right auricle. Blood ran freely into the bottle and 3 or 4 ozs. were abstracted. No alarming symptoms followed; on the contrary the patient was greatly relieved, though he died ultimately. The needle pierced the two layers of the pleura, the lung and the pericardium. There were two red dots on the pleura, but no trace of the puncture was seen on the auricular wall.

Dr. C. L. Dana records the results of experiments on the *absorption of nutrient enemata*, by injecting dogs with carmine-stained milk. He concludes :

1. Large injections, forced in, *may* cause a "retrostalsis," which will carry the mass by the ilio-cæcal valve, and even into the stomach.
2. Ordinary nutrient enemata of 2 or 3 ozs. pass back some distance, but do not pass the valve—consequently the absorption is local.
3. The injection is carried back further, when the lower bowel is empty.

Dr. H. Illoway advocates very *forcible enemata of water in intestinal obstruction*, sufficiently powerful to pass the ilio-cæca. valve. He reports two successful cases.

A handy test for albumen when no test-tube or nitric acid is at hand. Pour boiling water into a tumbler and let it stand to ensure the heating of the bottom of the tumbler; empty, and refill with boiling water acidulated with vinegar. Then pour a few drops of urine gently down the side of the tumbler, to form a layer below the water. If albumen be present a more or less dense cloud will form at the junction of the two fluids.

With the January number of the *Record* is inaugurated a plan of giving a series of articles by eminent men, containing the most recent views of the pathology and treatment of the common forms of disease. The first of the series is on the *Treatment of Rheumatism*, by Roberts Bartholow. He considers rheumatism is probably neurotic in origin, as we get joint affections closely related to rheumatism caused by spinal and nerve lesions. There is no specific for rheumatism, and for treatment it is necessary to recognise the type of the disease. The types of rheumatic cases may be divided into three groups :

1. Spare persons of considerable bodily vigour and good muscular development, with a distinct history of neurotic or rheumatismal disorders.
2. Obese subjects, addicted to malt liquors and good living, subject to acid dyspepsia, sometimes with, more often without, an inherited predisposition.
3. The feeble, pale anæmic subject, depressed by low diet and evil hygienic surroundings.

In the first type salicylic acid or the salicylate of soda renders incontestable service, and its curative effects are referable probably rather to its diminishing irritation of the trophic nervous system, than to its anti-pyretic or antiseptic actions. The remedy must be given for as many days after the subsidence of the acute symptoms as the attack had lasted, in order to prevent relapses. The second type is much benefited by a strict alkaline treatment, with restricted diet. In the third type the best remedy is the tinct. ferri perchlor. in full doses ($3\frac{1}{2}$ to 3j every 4 hours.) In convalescence from all the types the perchloride of iron should be given. With all three modes of treatment local blistering may be combined. Strict dieting is most important; solid food should not be allowed in any case, and liquids of starchy or saccharine matter are only less hurtful. Milk and animal broths are the articles to be depended on. Anodynes are to be avoided if possible; if absolutely necessary, atropine is to be preferred to morphia.

"Classical Medical Literature, in a popular form, at 10 cents a volume, carriage paid." So reads an advertisement in the *Record* by such well-known publishing firms as Henry C. Lea and Co., Wm. Wood and Co., &c. Nearly all these classical (!) works are those of living English authors, published in England; as "Erichsen on Concussion of the Spine," Treves on "Scrofula," &c. Cheap literature is certainly the order of the day, but surely such barefaced piracy ought to arouse public attention to the necessity for reform in the laws relating to international copyright.

G. A. S.

Local Subjects.

REGISTRATIONS.—At a meeting of the Medical Board of Victoria, on March 2, the following gentlemen were duly registered on the Medical Roll:—Frederick William Lewis, Elsternwick, No. 1064, L.R.C.S. I. 1879; Peter Maxwell, Melbourne, No. 1065, M.D. Ed. 1862, L. et L. M.R.C.S. E. 1862; Philip Thornton, Melbourne, No. 1066, L.S.A. 1870, M.R.C.S. Eng. 1872, L.R.C.P.

Ed. 1873, M.R.C.P. Ed. 1879; William James Tattersall, Fitzroy, No. 1067, M.R.C.S. Eng. 1866, L.S.A. Lond. 1866, L.R.C.P. Lond. 1867; John Sayer Nickoll, Hawthorn, No. 1068, M.R.C.S. Eng. 1877, L.S.A. Lond. 1876.

APPOINTMENTS.—George Palmer, M.B., to be deputy medical superintendent of the Ararat Lunatic Asylum; W. Beattie Smith, F.R.C.S., to be acting medical superintendent of the Yarra Bend Lunatic Asylum during the absence on duty of Dr. Dick; J. F. Grace, M.D., to be public vaccinator for West Melbourne, *vice* J. M. Rose, M.B., resigned; Wm. H. Burton, M.D., to be Health Officer for the Shire of Carisbrook, *vice* F. L. Hooper, resigned; Thomas Scott, surgeon, to be Health Officer for Dundas Shire; Anderson Irwin, surgeon, to be Health Officer for Malvern; H. A. Samson, M.B., to be Health Officer for Omeo.

UNLICENSED PRACTITIONERS.—The Medical Board of Victoria recently instituted proceedings against a Mr. W. Duffus Bell, a resident of Creswick, for having practised as a physician without having the necessary qualifications and without having registered himself. He was engaged by the committee of the local hospital to perform the duties of Dr. Tremearne, who had been granted leave of absence. At the police court, on February 20, the case against him was heard, and he was fined £2 2s.—*Australasian*.

Another impostor practising as a medical man without qualification has been unmasked. He styles himself Professor Moore, and has been acting at Fryerstown, where he recently charged £10 for attempting to cure a patient of consumption, under the guise of being a doctor from India. For this he was fined £20, or in default one month's imprisonment. The fine was not paid, and the professor has evaded the inquisitiveness of the Castlemaine police by leaving for Inglewood, where they will next search for him.—*Herald*.

CENTRAL BOARD OF HEALTH.—Mr. C. R. Blackett has been appointed to the seat on the Board rendered vacant by the resignation of Mr. C. Hodgkinson.

PRESENTATION TO DR. PALEY.—On the 2nd inst. at his residence, at the Yarra Bend Asylum, Dr. Paley, for 20 years inspector of hospitals for the insane, was presented by Dr. Dick, his successor, on behalf of the staffs of the various institutions of the colony, with a handsome testimonial in token of their regard and esteem. Dr. Dick said he felt sure that Dr. and Mrs. Paley, who leave for England by the mail steamer on the 15th inst., would carry with them the heartiest good wishes of all those amongst whom they had lived and worked for so many years. In replying, Dr. Paley stated how gratified his wife and himself were to receive such a substantial recognition of his endeavours to carry on the work of an ever-increasing department, and how much the co-operation of his staff had assisted him. Dr. Paley was sorry that owing to the state of his health, he being unable to speak in a large room, the possibility of meeting more than a small representative body of his late staff was precluded him, and could only ask those present to convey to the other subscribers to the testimonial the united thanks of Mrs. Paley and himself. The testimonial took the shape of a massive centrepiece and two sidepieces.—*Argus*.

UNIVERSITY ELECTIONS.—At a meeting of the University Senate, held on February 20, Professor Andrew was re-elected a member of the Council by a majority of ten votes over Professor Halford. An objection was raised by Professor Elkington to the reception of certain voting papers that had not emanated from the Registrar's office, but had been privately printed and

circulated by one of the candidates. His objection, however, was overruled by the Warden, and Professor Andrew was declared duly elected. A meeting of the Council was held on the 5th inst. at the University, Dr. Brownless, the Vice-chancellor, in the chair, and 14 other members being present. The principal business was an order of the day on the notice-paper for the election of a Chancellor, and Professor M'Coy proposed that Dr. Brownless be elected to the office. The motion was seconded by Dr. Motherwell, but the Bishop of Melbourne recommended that the election should be postponed until it was ascertained whether it was likely that Parliament would soon pass the bill relating to the duties of Chancellor, introduced, but not passed, last year. Dr. Brownless ruled that the motion could not be postponed unless a majority of the Council rescinded the motion passed in December last, to the effect that the Council should proceed with the election of a Chancellor at the first meeting in March of this year. A majority of the meeting, however, held that the resolution passed in December only meant that the question should be considered, and not that it should be imperative to elect a Chancellor. The ruling of the Vice-chancellor was disagreed with by 11 votes against three, and, on the motion of the Bishop of Melbourne, it was agreed by 10 votes to three to postpone the question of electing a Chancellor.—*Australasian*.

DR. J. DAVIES THOMAS ON HYDATIDS.—Dr. Thomas lectured at the Royal Society of S.A. on the 5th inst. on hydatids. He stated that on January 15 and 16 he examined 10 dogs which had been poisoned with prussic acid by the municipal authorities of Hotham, and in all cases he had found hydatids. It seemed to him that the Victorian Dog Act was practically not in operation. He thought a substantial tax should be placed upon dogs in the colonies, and that people should be taught the danger of drinking impure water.

DR BEANEY'S ELECTIONEERING CAMPAIGN.—The following letter has been published by Mr. Butters in the *Argus* :—"154 Collins-street east, January 5, 1888. To Gustav Lachal, Esq., treasurer of finance. Dear Sir.—I have now to thank you for your valuable services as the treasurer in connection with my candidature for a seat in the Legislative Council for the Melbourne Province. According to my "records" and your "own," it is shown that I have handed to you the sum of £2796 10s. 6d. for election expenses, which amount, according to statement and vouchers furnished by you, has been expended as follows :—From August 27 to September 30, prior to date of Mr. Butters' chairmanship, £229 3s.; During chairmanship of Mr. Butters, £2536 5s. 11d.; cash in hands of treasurer, £31 1s. 7d.; total, £2796 10s. 6d.—I am, dear sir, yours very faithfully, JAMES GEO. BEANEY, M.D.

BIRTH.

HOWITT.—On the 10th inst., at Cleveland House, Flinders-lane east, Mrs. W. G. Howitt, of a son.

MARRIAGE.

CAMERON—RANKIN.—On the 21st ult., at Leura, St. Kilda, the residence of the bride's father, by the Rev. Samuel Robinson, assisted by the Rev. D. S. M'Eachran, William Cunningham, son of the late Rev. Andrew Cameron, D.D., to Annie Baillie, eldest daughter of William Baillie Rankin, Esq., F.R.C.S. E.

DEATHS.

GARRARD.—On the 9th inst., at her residence, 169 Collins-street east, Ann Eliza, the beloved wife of Mr. William Garrard, surgeon.

DURET.—On the 1st January, at his residence, the Priory, St. Heller's, Jersey, Dr. A. Duret, aged 90.

THE
Australian Medical Journal

APRIL 15, 1883.

Original Articles.

A CASE OF SPONGE GRAFTING.

By HARRY A. DE LAUTOUR, M.R.C.S., Eng.

*From a Paper read at the New Zealand Medical Association,
January 24th, 1883.*

In the *Lancet* of December 17th, 1881, there is a notice of some experiments on sponge grafting by Dr. D. J. Hamilton of Edinburgh. This appears to have been done from a pathological point of view, and the excerpt taken from the *Edinburgh Medical Journal* of that year is well worth reading. I did not myself notice it at the time. A little later, however, there were a few lines in one of the early numbers of the *Lancet* or *British Medical Journal* of last year, calling attention to some cases of sponge grafting in, I think, Glasgow; the results of which were to be recorded. These few lines struck me with great force; they carried back my memory with great vividness to a case of my own, one of enucleation of the eyeball for malignant disease in 1878. I had stuffed the cavity with sponge, dry lint and bandage outside; removing the dressing a day or two after, I found the sponge adherent; I thought nothing of that—"it will slough out in a day or two"—said I to myself; "let it alone." In a day or two, however, it was only more adherent, and filled with a granulating material, and in a day or two more the terminal twigs of the sponge bled when touched. I now felt alarmed, and next day, under chloroform, enucleated the sponge.

I did not then attach much importance to the case, thinking the whole due to the rapid return of the encephaloid disease from which the child suffered, and from which she died some months after.

This case, with its important bearings from a practical point of view, flashed across my mind on reading these few lines in the *Lancet*. What a splendid material in contractions after burns, in cicatrices, &c.

At that time I had under my care a child who had been severely burnt in one hand. In spite of great care, skin grafting, &c., there

was great contraction and deformity in one hand. A thick band of cicatricial tissue extended across the back of the knuckles, across the thumb, extending far down and also up above the wrist. The hand was bent backwards, and the fingers back on the hand, and the thumb dislocated backwards. A pretty state of things to happen to a little girl some four or five years of age.

The child's father consented to let me try sponge grafting.

I got some fine Turkey sponge and washed the sand out of it, and then washed it in a solution of iodine and then of salicylic acid and borax, and then in a solution of salicylate of soda.

Having placed the child under chloroform, I divided the cicatrix at intervals of about $\frac{1}{2}$ to $\frac{3}{4}$ of an inch (the cicatrix was generally the thickness of my little finger), and dissected up a little from the bottom of each incision so as to loosen the cicatrix, and then poured a cold iodine solution over the incisions until the bleeding had ceased. The dislocation was now easily reducible, and the hand and fingers easily brought into their natural position.

I next applied a splint along the palmar surface, divided so as to have a special thumb piece, and fastened down the fingers and thumb upon it in such a way that, by applying extension and fastening the other end of the splint to the forearm, the fingers, thumb and hand lay in a natural position, and there was a gap in each incision of about $\frac{1}{2}$ an inch. In each of these gaps I fitted a piece of the prepared sponge, allowing the sponge to overlap in order to provide for possible shrinking. Each piece of sponge was retained in situ by strips of salicylated isinglass silk plaster, and the whole dressed with dry lint, on which was spread an ointment of eucalyptus oil and vaseline, 3 j to 3 j, and this secured with absorbent cotton wool and a light bandage. To cut a long story short, the grafts became adherent, the granulations grew through the sponge, there was some suppuration, the granulations as they grew pushing out the discharge in front of them. They ultimately enclosed the sponge, and a new cicatrix grew over the top, leaving an elongated cicatrix and the thumb in its natural condition.

About nine months afterwards I again saw the patient. The original cicatrix has somewhat contracted—they always do—but the grafts are there, and show quite distinct from the plain fibrous band. The vascular supply coming up through the grafts is quite plain, and the child has considerable use of her hand and fingers.

I made from time to time microscopical specimens of the case, taking little pieces from the grafts as they grew, and also after

they were enclosed, and very pretty specimens they are. There you see the network of sponge fibre; at first the granulation cells invading the network, and the network untouched by the staining matter (carmine). A little later the network is in places broken up, cracked so to say; a few cells about these cracks and these cracks themselves stained, and in parts stained cells in the fibres of the network itself. A little later you can find the network filled with cells of all kinds, forming a vascular tissue, and the fibres themselves contain cells, with fibrous and connective tissue; and later still you may search in vain for any trace of sponge tissue. It is not, however, my desire to lengthen this paper by any long account of the pathological process undergone by the sponge or by the newly developing tissue growth.

I wish more to call attention to this new method in a practical way, a method which will undoubtedly prove of the greatest service in many cases of deformity and disease.

In dealing with only one case, I can naturally only suggest, but I think the lesson is plain:—Sponge on being placed under favourable conditions in the human body allows of repair going on within it without setting up any irritation, and remains for a time as a shield, a protective to the softer and more delicate new material, until that new material acquires for itself strength; and then by pressure, *vires acquirit eundo*, the new growth absorbs the sponge and appears itself in a condition which we have not yet learnt to understand. Not only in burns will it be useful, but also I can quite imagine sponge as a most successful base to insert into the cavity left after enucleation of the eyeball. And I purpose in my next case after removing the eyeball to insert a piece of sponge within the capsule of Tenon, and stitch the conjunctiva over it, leaving a few horsehairs between the stitches for drainage. I believe this will leave an excellent stump on which to rest an artificial eye; it will also fill up an unsightly gap for those who cannot afford a glass eye.

Then with regard to chronic ulcers, &c., no good can result from the mere super-imposition of pieces of sponge upon the ulcerated surface; there is nothing in the sponge tissue itself to promote epithelial growth. It must be regarded in my opinion simply as an unirritating protective to new growth; a shelter which, after the new material gains strength, gives way and disappears. And in the treatment of chronic ulcer, I should feel inclined to cut through the ulcer in parallel or cross lines down to healthy tissue,

then graft in the sponge along the incisions, and then sponge graft between the incisions when the new healthy granulations appear.

Since reading this paper in Dunedin last January, I have observed several cases noted in the *British Medical Journal*, December 16th, by Dr. Sanctuary and Dr. Ferguson, both most interesting cases, well worthy of careful consideration. Later still in the number for January 13th, some cases by Dr. Perkins Case, and later still, February 3rd, by Dr. Acland of St. Thomas' Hospital. These all refer to especial care in preparing the sponge, macerating in hydrochloric acid, &c. This I believe to be quite useless or needless. Get fine Turkey sponge and wash the sand out of it, wash it then in an antiseptic if you like, and then proceed in accordance with the ordinary rules of surgery.

Oamaru, Otago, N.Z.

RIGID STELLATE OS—RUPTURED UTERUS— ADHERENT PLACENTA—ONE TWIN ATROPHIED.

By W. V. JAKINS, L.R.C.P., L.M. Ed., Fell. Obst. Soc. Lond.

On 22nd August, 1881, I attended a woman in her second pregnancy. The pains began about 7 a.m.; I saw her at 6 p.m. The os was open the size of a crown, and stellate in shape; the apex of each arm was hard and roughly pointed, feeling like imperfectly ossified bone, and so sharp that I looked at my finger to see whether it had been cut. This hardness diminished distinctly but gradually towards each base; the outline was irregular; there were five arms, one about $1\frac{1}{2}$ inches long. The head of the child was in the first position. As the pains were tardy and weak, I ruptured the membranes; when the head passed through the os, it split freely between each arm, especially anteriorly, and retracted, save in front. To allow the head to pass I pushed this piece upwards. The child, a female, was born at half-past seven; the cord was normal. On attempting to remove the placenta, it was found to be membranously adherent just below the fundus posteriorly; it was carefully peeled off down to the splits, and gentle traction brought it away. Anteriorly, among the fissures, which here extended nearly to the fundus, was a large piece adherent by flesh, which required great care in its removal for fear of penetrating the peritoneum. The placenta was medium-sized and natural in appearance; the uterus was soft; I therefore desisted making complete examination of its cavity. One of the posterior segments of the os was so contused

and lacerated that it hung down nearly to the vulva ; I therefore replaced it. Ext. ergotæ liq. 3j. was given directly after my first and last examinations ; a tight binder was put on, and I left her. The bladder acted well the same night, and she slept when not disturbed by after pains, which were relieved by chlorodyne.

On the 23rd she was very well ; also on the 24th. At noon, however, I was sent for in great haste, as there was "something coming away." The patient was described as "very well." I therefore said it was probably a piece of skin, which they were to save for me next day.

On the 25th all was well with her, and the nurse showed me the piece of skin half-dried in a cloth, semi-putrid, dark green and soft. Minute examination proved it to be a three months' female fœtus. The head had passed first without pain the previous morning ; the whole came away during micturition half an hour afterwards.

On the 27th a piece of placenta came away, in bulk about a quarter of what had been previously removed ; the lochia, which had been very offensive, became normal. As there were no constitutional symptoms throughout, I directed that whatever passed should be saved for me in salt and water, and abstained from injections.

On her complaining of certain peculiarities in this pregnancy, I took the following history :—She was a strongly-built, robust, hard-working woman, of middle height, who had never a day's illness in her life. The catamenia began when she was 16, and were always regular and natural. She married at 21 ; her first child, a girl, was born within the year, was suckled for 12 months ; and 12 months after, in the middle of November, 1880, the menses ceased and her second pregnancy began. The first confinement was in England, pains lingering all day, severe at one a.m. Her medical man came at five, used forceps without chloroform, and in ten minutes she was delivered ; her pains were "most excruciating." Three weeks passed before she gained strength ; the lochia continued for eight weeks. Four weeks after they ceased her health became good ; she was free from any discharge, and she continued regular until her second pregnancy in November. She noticed nothing remarkable till six weeks after quickening, in April 1881, when she fell against the front part of the seat of a chair, bruising the lower part of the abdomen. With difficulty she regained her feet. At night, if she turned on her back, she felt great pain over the pubes and sacrum, and was unable to change this position without assistance ; this continued

till her confinement. During this month she had strong simultaneous movements, as of the child, in both her flanks; these ceased in the middle of July.

In the beginning of August, on rising to pass her urine, she had pains for a few moments over the pubes. On the 15th the stream would sometimes cease abruptly and then return; these signs occurred occasionally for some days without any known cause; sexual connection became painful.

About ten days before her confinement she noticed a slight discharge of yellow matter from the vagina; this lasted for about a week, and came probably from a small abscess in the vicinity.

The fall no doubt started the sacro-iliac and symphysis pubis articulations, and they continued loose to the time of her confinement. The subsequent rest resulted, when I last saw her, 17th January, 1882, in their complete restoration, as shown by her being able to stand all day at the wash-tub without discomfort. At that time minute digital examination of the cervix gave a very faint cicatrix line anteriorly; otherwise a perfectly normal though conoid cervix. The os was natural.

Some may say, was it right to rupture the membranes, the os being bony and stellate, and the cervix soft? I think it was, because the pains were tardy and weak, and she had already had pains for twelve hours. I need hardly say that I was much astonished at the perfect recovery of the cervix.

P.S.—On 22nd February she was suffering from chronic dysentery and dyspareunia. She requested me carefully to examine her. With Ferguson's large speculum I found both os and cervix normal, save as above mentioned; the anterior cicatrix was scarcely visible. She is now perfectly well.

Ballarat, 12th March, 1883.

Hospital Reports.

MELBOURNE HOSPITAL.

Hydatid of the Liver—Suppuration—Discharge of Cyst through Abdominal Wall.

Under the care of Mr. W. G. HOWITT.

Reported by James W. BARRETT, M.B., Ch.B., Resident Surgeon.

A. M., æt. 49, admitted January 9th, 1883. Three years ago she noticed a lump deeply seated in the abdomen to the right of the umbilicus which was about the size of her closed fist, and at

first caused great pain. It has not increased much since, and never caused any serious trouble. She was informed by her medical attendant that she had a hydatid of the liver, but that no treatment was necessary.

Three weeks before admission the skin at the umbilicus became very red and soon burst, discharging thick yellowish non-offensive matter, and the day before admission a membrane appeared at this opening.

When admitted she had a large elastic slightly movable tumour situate a little to the right of the umbilicus. The tumour was about the size of a foetal head, and was dull on percussion, the dulness being continuous with that of the liver. From a sinus at the umbilicus there protruded a soft membrane, which was evidently part of some cyst-wall. More of it could be squeezed out by making lateral pressure on the abdominal walls. There was also a profuse discharge of foetid green fluid.

Thirteen days after admission the whole cyst came away, and was found to be a hydatid cyst with many echinococci attached to its inner surface. The sinus continued to discharge bile-stained pus and serum for some time, but finally closed. The tumour could no longer be felt, although a diminished area of dulness remained over its site.

She was discharged cured 12th March, 1883.

Fracture of the Glenoid Cavity—Dislocation of the Humerus.

Under the care of Mr. T. N. FITZGERALD.

Reported by JAMES W. BARRETT, M.B., Ch.B., Resident Surgeon.

W. H., aged 50, painter, admitted 11th January, 1883. Four days before admission the patient fell heavily on his right shoulder. When admitted, there was a subglenoid dislocation of the shoulder, with very great swelling and bruising of the right arm and forearm, the patient being unable to use either. He was put under chloroform and the dislocation was reduced, but directly afterwards a subcoracoid dislocation occurred; and it was then found that, whilst the head of the humerus and the coracoid and acromion processes were uninjured, still, when the head was in the glenoid cavity, marked crepitus could be obtained on rotating or otherwise moving the arm, and that it was very difficult to keep the head of the bone in its proper place. A large pad was accordingly placed in the axilla, the elbow then raised

and bound firmly to the side, and the patient kept in bed, lying on his back.

For several weeks he progressed favourably as far as the fracture was concerned, the head of the humerus being kept in good position; but later on a mass of new bony matter formed in the glenoid cavity, and projected considerably under the deltoid muscle. This forced the head of the bone forward, and partially dislocated it. However, a new joint was formed in that situation. At the date of his discharge, 1st April, 1883, he was able to move his shoulder joint fairly well as regards the underhand movements, and could use his elbow and wrist well. Passive motion was carefully practised during his stay in the hospital. His recovery was delayed, firstly, by an attack of acute gout, and secondly, by the results of plumbism, which he contracted when following his ordinary vocation previous to admission.

Medical Society of Victoria.

ORDINARY MONTHLY MEETING.

WEDNESDAY, APRIL 4, 1883.

(Hall of the Society, 8 p.m.)

Present: Dr. E. M. James, Dr. Williams, Dr. G. A. Syme, Dr. Mullen, Dr. J. David Thomas, Dr. J. W. Barrett, Dr. Fyffe, Dr. J. P. Ryan, Dr. Neild, Dr. Le Fevre, Dr. Brett, Dr. Harricks, Dr. W. Barker, Dr. A. J. R. Lewellin, Dr. Balls-Headley, Dr. James Robertson, Dr. Allen, Dr. Ford, Dr. A. G. Black, Dr. Willmott, Dr. Burke, and Dr. M'Kenna.

The President, Dr. James, occupied the chair. Dr. J. S. Wilson and Dr. H. R. Ray were present as visitors.

The minutes of the preceding meeting were read and confirmed.

NEW MEMBERS.

Mr. WILLIAM JAMES TATTERSALL, M.R.C.S. Eng., of Nicholson-street, Fitzroy, was elected a member of the Society, being proposed by Dr. Neild and seconded by Dr. Le Fevre. One gentleman was proposed for ballot at the next monthly meeting.

DEATH OF Dr. GARRARD.

On the motion of Dr. James, seconded by Dr. J. Robertson, it was resolved "That the Secretary be instructed to enter upon the

minutes an expression of the sorrow of the Society at the death of Dr. William Garrard, an old member, formerly one of our Vice-Presidents."

The following paper was then read :—

FURTHER NOTES ON THE TREATMENT OF THE
STRONGYLUS FILARIA IN LAMBS, BY INHALA-
TION OF CARBOLIC ACID. *

By F. T. WEST FORD, M.R.C.S. Eng.

Mr. President and Gentlemen,—A short time since I read to this Society the account of some experiments made by Mr. Knight of Korongah, upon sheep suffering from what is called here "lung worm disease," in England the husk or hoose, in fact an invasion of the air passages of the lungs by the strongylus spiralis. The means tried to effect a cure were keeping the sheep (weaners) in an air-tight room, and filling it with a carbolic spray. The strength then used was first of all 1 in 40, and subsequently 1 in 20; a number of the sheep so treated were cured, but not all. Since then the experiments have been continued, but with a much more powerful carbolic spray, or rather with spray of a greater strength; but it will perhaps be more satisfactory if I read you the report furnished to me by Mr. Lydiard, the gentleman who conducts the experiments, and is also Mr. Knight's partner:

*Particulars and method of using the Carbolic Spray for the
Cure of Sheep affected with the Lung Worm.*

"The house is built on purpose for fumigating, and is as air-tight as it can possibly be made; there are two rooms, each 33 ft. long, 17 ft. wide and 6 ft. 6 in. high; each room holds about 300 weaners. The machinery used is compressed air; each room has four jets and the pressure was kept to 29 lbs. to square inch. The jets from repeated trials are made as perfect as they can be—spraying the carbolic so fine that it is at once mixed with the air, hardly any falling to the ground in a mist. After repeatedly using a solution composed of 1 part of carbolic to 30 of water, and also 1 to 20, I used Calvert's No. 4 carbolic in proportion of 1 to 1, putting that quantity into the jar at a time; of course it did not mix, but the tube of the suction pipe would

* *Vide A.M.J.* for September 15th, 1882, pp. 888 *et seq.* and the following number, page 478

take it up together. The sheep were kept in half an hour, and I used *one pint* of carbolic to each room, and with some of the worst cases I used *at the last pure* carbolic. I have never lost any sheep from the fumigating, and they have almost ceased to die from the worm disease, and are rapidly improving in condition. Before putting the sheep in, I filled the room with the spray, and on my going in, found no difficulty in breathing, but at once felt a tickling, like being pricked with needles all over my face, and had to shut my eyes. The sheep, when the jets are first started, move about a little, but they soon settle and keep their eyes shut, chewing the cud.

"February 28th, 1883.

"G. LYDIARD."

From this statement, gentlemen, it will be seen that if the carbolic only once diluted is sufficiently reduced or pulverised, it can be inhaled for a time with impunity, both by man and beast, and I certainly think it does open out a most important idea to us—that diseases caused by entozoa and fungi in man may also be cured by its careful use.

In my previous paper I suggested that tubercular phthisis might be cured, but since then I read that the bacillus is not the cause of phthisis as suggested by Koch—but the result of it; *i.e.* that the diseased lung tissue is a congenial soil for it, and consequently it flourishes in it.

Well, gentlemen, that may or may not be the case, but still I think that, if the disease is not so far advanced that the inhalation could not be borne, it might destroy those that have taken up their abode there, and so in a large way assist in the cure, or at any rate in the arrest of the disease. I do not know if it would destroy hydatid of the lung when the hydatid had attained a large size, but I certainly think it might destroy the smaller ones, more especially as so strong a spray can be tolerated.

However, gentlemen, whatever good it may be able to effect in the human subject, there is no doubt now about its efficacy in the lung worm disease of sheep, and that thousands of sheep and pounds sterling will annually be saved by its employment, and I also think it opens out to our serious consideration whether it may not be utilised by the medical profession in many diseases. For instance, I have not the slightest doubt that in cases of diphtheria, if the air of the room the patient occupies was kept saturated with as strong a solution of carbolic as the patient could bear, it would be of the greatest use, if not a specific.

Dr. FORD, in reply to Dr. Headley, said that lambs were seldom put in the chamber more than once.

Dr. ALLEN remarked that, apart from any questions of human pathology and therapeutics, there could be no doubt of the value of the investigations and experiments to which Dr. Ford has drawn attention. A large mortality in the sheepfolds had been combated most successfully by the inhalation of carbolised air, and doubtless the subject would receive due attention from the Veterinary Association and the squatters of the colony. But though this treatment is apparently so effective in destroying the *filaria bronchialis*, a worm half an inch to an inch long lying free in the air tubes, no proof is thereby afforded that it would be equally serviceable against the now famous bacilli of phthisis. The existence of these germs has now been fully demonstrated, but the exact rôle which they play in the tubercular process is by no means so certain. On one hand it is maintained that they take an active part in the growth of tubercles, being in fact the prime causes of that growth; but on the other it is stoutly contended that they are not so specific as Koch would make us believe, and are rather active in the destructive softening of tubercle than in its first formation. But granting for the moment that they are or may be essential to the production of tubercle, as typhoid germs are essential to the development of the characteristic bowel lesions, the fact remains that constitutional conditions are all-important in determining the occurrence or non-occurrence of the phthisical process.

The two most characteristic features of tubercles are their nodular form and their non-vascularity. No vessel can ever be traced into an adult tubercle. Now bacilli can only be destroyed by antiseptic solutions of certain definite strength, and it appears quite impossible that carbolic acid or any similar agent could be brought to bear in adequate power upon the germs locked up within bloodless tubercles. No one dreams that a patient could kill the germs of small-pox within him by any inhalations, even by sulphur introduced till the perspiration reeked with it; and in the treatment of pyæmia, while great good comes from opening all foul collections of pus and washing the cavities sweet and clean, little reliance can be placed on the internal administration of sulphites or any similar remedies. So in phthisis septic cavities can be made comparatively aseptic, suppuration can be lessened, and hectic checked by the use of carbolic acid, boroglyceride, or

other such agents, but the active bacilli within the tubercles are hidden away out of reach of any effective germicide. Phthisical sputa certainly admit complete disinfection, and this precaution should not be forgotten.

Dr. BALLS-HEADLEY remarked that the question opened was a very large one, and the question of the value of antiseptics could not be overlooked. There was no doubt concerning their power over any bacilli when applied directly to them in sufficient strength; and experiments might well be made by isolating the germs and testing what strength of carbolic acid was required to kill them. Good authorities tell us to apply some kind of antiseptic by means of properly-constructed inhalers. He had tried this plan freely, and was not at all satisfied with the results. The patients cannot keep them on always; their strength is not reliable; and altogether he did not like inhalers. Still we must not forget the fact that persons with decided phthisis do recover, even after suppuration and the formation of cavities. The main point in treatment during the early stages is to prevent softening; and inhalations of carbolic acid in sufficient strength might prevent the destructive process. This alone would greatly contribute to lessen the mortality from the disease. He suggested that a room should be fitted up for inhalation purposes, and was sure that many patients would be found willing to submit to a rigorous antiseptic course, and himself was very hopeful that good results would accrue from it.

Dr. J. W. BARRETT, replying to Dr. Headley, said that in recent Home journals it was reported that carbolic solutions under 1.25 per cent. had no effect on bacilli as regards life or propagation. Above that strength they were potent in destroying ordinary bacilli, and doubtless would act similarly on the bacilli of tubercle.

Dr. LE FEVRE wondered that the lambs had gone safely through the ordeal described by Dr. Ford. With dogs he knew that carbolic acid acts as a powerful paralysing agent; a one in fifty solution is as much as small dogs will bear externally, a bath in one in twenty rapidly producing paralysis.

Dr. FORD, in reply to the last speaker, said he had seen dogs washed with stronger solutions of carbolic acid without injury, and in the case of the lambs the carbolic acid was intimately mixed with air and spread over a room thirty-three feet long, so that dilution was very great. Surgeons and students cluster round a one in forty spray for hours without any ill effects. Dr. Allen

had argued that tubercles contained no vessels, and that the acid could not reach the germs in sufficient strength; but the bacilli must get nourishment somehow in order to live, and in a small miliary tubercle at any rate the processes of imbibition must be sufficiently active; and if a solution of one in eighty can destroy bacilli, surely a strong spray would do so also.

EXHIBITS BY DR. ALLEN.

Dr. ALLEN then exhibited the following specimens, of which he has furnished the accompanying histories and descriptions:—

I.—Typhoid Fever: Delirium: Cut Throat: Slight Bowel Lesions.

This specimen simply shows Peyer's patches near the valve, somewhat swollen, with uneven, rugous, filamentous or slightly pitted surface. I am indebted to Dr. Bennie for the following history:—

"W. S., a railway porter aged 25, first presented himself at my surgery on March 16th about noon: his temperature was then 106.7° Fahr. He had been ill for eight days, but continued at work till three days ago. He complained of giddiness, thirst, and loss of appetite. The abdomen was tender on pressure and distended with flatus, and typhoid-like spots could be seen here and there. The bowels were irregular. He was sent home to bed and within two hours his temperature had fallen to 103.5°. About the 19th a rash resembling scarlatina was observed on his back, but there were no throat symptoms. On the 26th while delirious he cut his throat, dividing the thyrohyoid membrane, and was removed to the Melbourne Hospital." He died the same day.

II. Typhoid: Peyer's Patches swollen, pitted, with occasional deep ulceration.

Here Peyer's patches are seen much swollen, prominent, opaque, and covered with fine pits, many patches containing in addition a deep ulcer hollowed out amidst the intumescent part and sometimes exposing the circular muscular fibres. No traces of slough remained in these deep ulcers, and the peritoneum opposite them was much congested.

The patient H. S., aged 25, was admitted under the care of Dr. Williams on March 9th, 1883. He had been ill fourteen days with headache, diarrhoea, pain in the abdomen and vomiting. On admission the tongue was moist and coated; the bowels opened five times during the night. Gradually the patient became

weaker, the diarrhoea persisting, with pain and tenderness in the right iliac fossa and occasional vomiting. Gradually the whole abdomen became distended and tender, the tongue very dry, the skin acting profusely. On the 20th the pulse was 108, soft and compressible, but distinctly dicrotous; the patient was delirious at night, dull and heavy during the day. On the 21st the breath sounds were very muffled at the bases, and death ensued on the following day.

At the autopsy the lungs were found congested posteriorly, emphysematous anteriorly, the left lung being rather friable. The spleen weighed 21 ounces. Peyer's patches were thickened, pitted, or ulcerated, from the middle of the jejunum down to the valve.

The following is an account of the temperatures recorded :—

		Morning.	Evening.		
March	9.—Temp.	—	...	100°	
	10	99°	...	101°	
	11	99°	...	102°	
	12	100°	...	102°	
	13	99°	...	102°	
	14	99°	...	102°	
	15	101°	...	103°	Pulse 88
	16	100°	...	103°	
	17	101°	...	103°	Pulse 104
	18	101°	...	103°	
	19	101°	...	102°	Pulse 112
	20	102°	...	103·8°	Pulse 108 Resp. 20
	21	102°	...	103°	" 120 " 38
	22	102°	...	102°	" 124 " 36
	23	104°	rising till final collapse.		

The post mortem appearances in this case were rather suggestive of old ulcers, of about four weeks standing, with re-poisoning and subsequent intumescence.

III. Typhoid.—Huge Ulcers near Valve.—Hæmorrhage.

Here the ulceration was confined to the ileum close to the valve. The ileum at the valve and for five inches upwards was intensely congested on its inner surface, the mucous membrane being swollen and rugous. The Peyer's patches in this region were completely occupied by huge ulcers with thickened raised edges and irregular papillose bases, covered in one instance by adherent clot. The peritoneum opposite the patches was deep purple with arborescent injection.

This specimen was obtained from E. H. a girl, aged 20, who was admitted under the care of Dr. Robertson on March 6th, 1883. Her illness commenced a fortnight before with shivering, weakness, headache, pain in the back and shoulders. After a week, dry cough set in, and three days ago she complained of pain in the abdomen. Thirst, want of appetite and constipation have also been notable symptoms.

On admission the abdomen is tympanitic, with marked fulness and tenderness in the right iliac fossa; the spleen is enlarged; temperature very high. There is slight dulness at the right base; delirium and restlessness at night.

March 8.—Delirious at night: perspiring profusely; dulness on both sides of the chest with râles and rhonchi over the left base posteriorly.

March 9.—Tongue tremulous. Urine passed involuntarily.

March 10.—Very weak; bowels confined.

March 11.—Bathed in sweat; no diarrhoea; hands cold; temperature in mouth 106°. Died during night.

The following gives the range of temperature noticed:—

		Morning.	Evening.		
March 6.—Temp.	—	...	105.2°		
" 7	"	103.6°	103.1°	Pulse 124	Resp. 26
" 8	"	102.4°	102.8°	" 128	" 32
" 9	"	102.4°	102.6°	" 140	" 36
" 10	"	102.1°	104.2°	" 140	" 36
" 11	"	102.4°	106°	" 140	" 38

The case was very unlike the preceding one; it was characterised by comparative absence of abdominal symptoms, early chest complications, and comparatively slight diurnal exacerbations; whereas in the preceding case the bowel symptoms were urgent, and the daily rises of temperature constant and subject to little variation.

IV.—Typhoid: Pitted swollen patches at valve: Perforation of colon at splenic flexure.

Here the Peyer's patches on and above the valve are seen greatly swollen, opaque, and covered with small pits, the surfaces of the patches being often very uneven. The solitary glands are also enlarged. The splenic flexure of the colon presents on its convexity a prominent lowly rounded pouch, over two inches in diameter, and of deep purplish black colour from extravasation of blood into its substance. This pouch was soft and easily torn; on

its inner surface were several small ulcers, the largest being about three lines in diameter; at the centre of the patch there was a narrow but complete rounded perforation, through which a small quantity of yellow fæces had escaped. Close by, there were several smaller discoloured patches, either intensely congested, or even containing extravasated blood among their coats. The spleen weighed $13\frac{1}{2}$ ounces. Mesenteric glands purplish, swollen, and friable.

The patient, C. B., æt. 24, was admitted under the care of Dr. Motherwell on March 20th, 1883. He had been ailing for fourteen days, headache being the first symptom noticed, but he continued at work till three days before admission. On the 20th he was very prostrate, the temperature being 103.6° , the bowels loose, the abdomen being slightly distended, but not tender. No spots. On the following day the temperature was 103° ; the tongue tremulous but moist; pulse 114.

March 22.—Evening. Temp. 104.4° ; delirious and very restless.

March 23.—Temp., morning, 101.2° ; evening, 103° . Bowels very loose; pain in abdomen; tongue dry; system prostrated.

March 24.—Temp., morning, 102.1° ; evening, 103° .

March 25.—Temp., morning, 102.4° . The patient still violent and unmanageable, with dry brown tongue, diarrhœa, and fetid motions.

March 27.—Temp., evening, 103° .

March 28.—Temp., morning, 103° ; pulse 180; no diarrhœa; skin clammy, died.

Note.—Deep ulceration of the cæcum has been rather common this year, but this is the first case of perforation of the great intestine which has come under my notice. Once before I saw two huge sloughs at the upper part of the jejunum, close to the duodenum, which involved all the coats of the intestine. I believe that such sloughs, hæmorrhagic erosions and perforations are apt to accompany cases attended with rapid intense nervous prostration.

*V.—Typhoid: Sloughing Ulcers: Local Tuberculosis:
Hæmorrhage.*

J.P., a woman aged 32, was admitted under the care of Dr. Robertson on March 21st, 1883, having been ill eight days. She first noticed rigors, then headache, vomiting, pain in the abdomen, diarrhœa, thirst, no cough. The diarrhœa continued with pain

and tenderness, the tongue became red, dry and glazed, and on the 24th hæmorrhage set in, and death took place on the following day.

The following is the range of temperature :—

		Morning.	Evening.	
March 21—Temp.	101°	...	102·4°	
„ 22	„	101·8°	101°	Pulse 128
„ 23	„	101·4°	102·6°	Pulse 136
„ 24	„	101·4°	102·4°	
„ 25	„	101·4°	105·1°	

At the autopsy the ileo-cæcal valve was found much swollen, almost completely occupied by a huge sloughing ulcer, very unequal in depth, the circular muscular fibres being exposed at parts. Immediately above the valve was a rounded ulcer, over two inches in diameter, also unequal in depth, partly covered with slough, partly exposing the muscular fibre; its edges partly undermined, partly clean cut. Several small ulcers were scattered around it, some with pale bases, others covered with slough. A few inches higher was an ulcer spreading transversely, $\frac{3}{4}$ in. x $\frac{1}{2}$ in., its lower edge being undermined, its upper granular and slightly shelving. Still higher up were huge ulcers, rounded, oval, or oblong, usually tending to spread transversely, the bases partly covered with slough, partly exposing the circular muscular coat, the edges sometimes undermined, sometimes smoothly shelving or uneven and granular. The peritoneum opposite these ulcers was congested and thickly studded with grey miliary dots, other dots being scattered in lines extending from these to the mesenteric border.

Note.—Such local tuberculosis not unfrequently occurs in typhoid fever, especially when the disease is prolonged and the ulceration is extensive and deep so as thoroughly to involve the lymphoid tissue in the intestinal walls. A mere tendency in the ulcers to spread transversely must not be taken as satisfactory evidence of tubercular mischief, for nearly all ulcers of many weeks' standing do spread in the course of the vessels.

VI.—Intussusception.

M.R., a lumper, aged 24, was admitted under the care of Dr. Motherwell on March 5th, 1883, and gave the following history:—

For six weeks his bowels had been much confined; at times six or eight days would pass without a motion, and the stools were

constantly hard. There were no intervals of diarrhoea. During all this time he continued at work as a coal-lumper. Yesterday he felt sudden pain around the umbilicus, which rapidly became very severe, the abdomen swelling, and the pains radiating in all directions. Vomiting soon set in, the ejecta being very offensive. Prior to this last attack the bowels had not been open for two days.

On admission the patient was collapsed, pulse almost imperceptible, abdomen slightly swollen, but not tense nor very painful. In the evening he vomited some very offensive matter. The temperature fell below normal, and death took place early the following morning. At the autopsy, in addition to intense peritonitis and enteritis, there was an intussusception of the small intestine, about twelve feet above the valve. The invaginated portion was about eight inches long, and presented the usual crescentic form owing to the dragging of the mesentery; it was enormously swollen, deep purplish black, blood being extravasated into its tissues, and also between the various layers of the affected bowel. The opposed serous surfaces were glued together at parts. The tip of the invaginated portion was quite sloughy, and was already commencing to separate, and slight hæmorrhage had taken place into the intestine below.

VII.—*Calcified Plate in Diaphragm.*

This specimen consists of a very thick calcareous plate, four inches by three, lying in the central and left leaflets of the tendon of the diaphragm. It is perfectly smooth, and more closely related to the left pleura than to the peritoneum.

This specimen was obtained from a patient who died of suffocation from the entry of blood into the air passages during excision of the tongue. Tracheotomy was performed at once, but without avail.

VIII.—*Gunshot Wound of the Heart.*

On the anterior surface of the heart, immediately to the right of the interventricular septum, an inch and two-thirds above the apex, there is a small ragged aperture. A revolver bullet passing in at this spot opened slightly the right ventricle, and lodged in the septum, which it just perforated, so as to present into the cavity of the left ventricle. The bullet, in entering the chest, had struck a costal cartilage, and turned upon itself, so that the flat end of the bullet lay towards the left ventricle. The pericardium was full of dark clotted blood.

The specimen was obtained from a lad who was unintentionally shot by his fellow while playing with a revolver; he was taken to the hospital, and placed under the care of Dr. Beaney; he was then sensible, and muttered in answer to questions. He survived about four hours after the accident.

Note.—The following extract from Charles St. John's *Natural History and Sport in Moray*, is interesting in this connexion. After describing how he hunted and shot "the muckle red stag," he says:—"He ran on without slackening his pace for at least a hundred yards, then suddenly fell with a crash to the ground, his horns rattling against the stones. I knew he was perfectly dead, so, calling the dog, ran up to him. The stag was quite motionless, and lay stretched out where he fell. I found on opening him that the ball had passed through the lower part of his heart—a wound I should have imagined sufficient to have deprived any animal of life and motion instantaneously. But I have shot several deer through the heart, and have observed that when hit low they frequently ran from twenty to eighty yards. If, however, the ball has passed through the upper part of the heart, or has cut the large blood vessels immediately above it, death has been instantaneous, the animal dropping without a struggle."

For the clinical notes of these cases, Dr. Allen expressed his indebtedness to the ward books kept by Dr. Syme and Dr. Bage.

POSTPONEMENT OF BUSINESS.

Owing to Dr. Turner's unavoidable absence through ill health, his paper on the treatment of typhoid fever was postponed till the May meeting.

Australian Medical Journal.

APRIL 1883.

THE MELBOURNE HOSPITAL

The second meeting of the subscribers of the Melbourne Hospital has been held, and has solemnly voted, by a majority of one or two, that removal is neither desirable nor necessary. The balance of argument was all in the other direction, but whether the decision, come to at one vote and contradicted at another, was in accordance with evidence

adduced or not, is after all of little consequence. The wonder is, that anybody should have supposed that a chance majority, in a meeting of forty or fifty persons, most of them in no way qualified to form an opinion on the matter in dispute, could settle such a question. It is quite certain, that if a public meeting had been called for a similar purpose a year ago, when the newspapers were full of letters and articles about "deaths from blood-poisoning," a much larger number would have attended, and a resolution in favour of removal would have been carried by acclamation. We cannot enter on the arguments used by the various speakers, but what was said so dogmatically by Messrs. Beaney and Gillbee about the erysipelas scare in the summer of 1881-82 cannot be quite passed over. According to them, it was a very small matter to make a fuss about. It may be true that erysipelas was prevalent at the same time in the city, and that a good many cases were admitted suffering from the disease, and from these contagion may have been carried to other surgical patients. But there is as good reason for believing that contagion was conveyed from the hospital to cases outside. And after all, it was no small matter, that after forty-four operations, of various kinds and degrees of severity, there should have been the very high proportion of eleven deaths, seven of them probably from septic poisoning in some form. This was in the end of 1881; and if, from various causes, the death-rate from acute surgical diseases may not have been so great since, it is not certain that we have always had full and accurate returns, and it is almost certain that it is yet too high all over the institution. Even at the meeting there was a consensus of opinion, on the part of all who showed any acquaintance with the state of the building, that considerable improvements are needed; and one gentleman, who showed no great amount of wisdom in his remarks about the hospital as part of the Medical School, was kind enough to present a plan for making improvements at a cost of about £5000. If the work of reconstruction were set about in anything like a thorough way, there is little doubt that twice that amount would not be found sufficient. The place simply cannot be patched into efficiency, and to

spend even £5000 would be an utter waste of public money. The report of Mr. Neal, the Inspector of Charities, published within the last few days, may be taken as unprejudiced and fairly conclusive testimony on this point. He declares, as he has done before, that the closet arrangements are bad, but says that a large sum of money would be needed to make the necessary changes even in the pavilions, while in the main building it is doubtful, in his opinion, whether improvement is possible. The points that need to be impressed on the public mind are these: (1.) Improvements are urgently needed, must be costly, and can scarcely be effective. (2.) No very long time can elapse, as every one allows, before removal becomes imperative. (3.) As time goes on, the difficulty of getting a proper site, within tolerably easy reach of the heart of the city, must become greater and greater. These are practical considerations which only need due enforcing, and independently altogether of questions about Listerism, &c., which are difficult of solution, they should turn the scale in favour of the view that active steps should be taken without delay. If the committee feels it necessary to do anything more in search of light, it is at least to be hoped that they will not leave the decision to a mere majority of subscribers, few of whom can form any useful opinion on the subject.

MEDICAL EDUCATION.

An Introductory Lecture.

By JAMES JAMIESON, M.D.

Lecturer on Obstetrics, and Diseases of Women and Children, in the University of Melbourne.

The problem of medical education is attended with steadily increasing difficulties. All who are interested in the matter in a special way (and every member of the profession, actual and prospective, should be) must feel that the scientific basis of professional knowledge cannot be neglected. It is the same indeed with preliminary education, *i.e.*, with literary acquirements of a general sort. These also we cannot afford to neglect, without risk of losing the status which we are all supposed to be entitled to, by courtesy at least, as members of a learned profession. I

am not prepared to admit that the average doctor is at all behind the average lawyer or clergyman as regards intelligence, liberal education, or general range of knowledge. On most of these points I do not hesitate to say that we are quite on a footing with them. But, at the same time, I must also say that I do not think that the average doctor is quite what he might or should be in any of them. Relatively, I believe, we have been losing ground of late years, and have not been making the same efforts as other professions to assert our position as scholars and gentlemen, as well as practitioners of an art, however useful. The compulsory preliminary examination required at home, and the Matriculation Examination here, secure that medical men shall at least possess a fair measure of the rudiments of sound English education; but they really secure very little more. Our Matriculation Examination is probably rather more difficult than the preliminary of some of the licensing bodies in Great Britain; but one who has the task of going through the papers presented by candidates for degrees at the Ordinary Examinations, soon discovers that nothing more than a mere minimum had often been acquired. Good writing, being nowadays one of the fine arts, may perhaps be an unreasonable thing to ask from everybody, but correct spelling and moderately good composition it is surely not unfair to expect. My experience, however, is that correct spelling is not an absolute rule, though with regard to it also there are people who look on it as one of the fine arts, which only the elect few can be expected to be proficient in. The rules of English composition seem to me to be simply ignored by many of those who send in papers; and unless there is a very great transformation in that respect, many of the medical graduates sent out from this University will make a poor show in this age, when nearly everybody writes to the newspapers, or even tries to make poetry. I believe, then, that we cannot afford to remain long in our present position as regards requirements even in general education, unless we are to take rank not only below lawyers and clergymen, but even below civil engineers. Now that it is compulsory on every man who wishes to get a degree in engineering to go through a full arts course, it will never do for medical men to lag behind. If the syllabus of the engineering course, recently adopted, is properly carried out, the result must be that the engineering graduates will be the best informed men among us, and that is a state of things which we must not submit to. If any man in the world needs to be well-

informed it is the doctor, and it is essential in his case that he should have the habits and instincts as well as the education of a gentleman. I cannot see, therefore, that long time can be allowed to elapse before a resolution is come to to make a degree in arts, or attendance on a full arts course, a necessary preliminary to graduation in medicine in this University. There was an intention of bringing forward a proposal to that effect at the meeting of Senate in the end of last year, when the arts course was remodelled. It is unfortunate, as many of us think, that the interests of the Medical School do not receive from the governing bodies of the University the attention they deserve. There are many reasons for this, some of which I am not prepared here to enter on ; but I fear that, among others, the fault lies in some measure with the medical members themselves. Whatever may be the case elsewhere, it is to my mind clear that, in the Senate, more attention would be given to medical questions if medical graduates interested themselves in questions affecting the general government of the University, and so gained for our profession the full influence which it ought to have in that court.

With regard to the more specially professional part of medical education, there is much that needs improvement ; and again, I have in part to blame medical men for some of the defects from which this school suffers. In many respects we are behind the very smallest medical school in London, and perhaps even the provincial schools in Manchester, Birmingham, Leeds, Sheffield, and other places. We want distinct and specially-appointed teachers of clinical medicine and clinical surgery, and of diseases of the eye and ear ; and we want also a closer connection between the University and the hospitals, so that the teachers of practical subjects at least should, *ex officio*, have a position in those affiliated hospitals, enabling them to give practical instruction in illustration of their systematic courses of lectures. A much more liberal expenditure is also needed for providing a rightly-fitted physiological laboratory, and a good pathological museum, with means of carrying out experimental investigations, if necessary. And, independently of these wants, appliances are needed all over the school for use in the lecture rooms as helps to the understanding of points there discussed.

I suppose all these good things will come some day, but for the present we are sadly behind, and with no good prospect of having even our most urgent needs soon supplied. For lack of them,

teaching is attended with very great difficulties, and with subjects every day growing in extent and complexity, all helps are needed. There is no doubt that there has been an enormous growth, both of fact and theory, of late years in all branches of medicine and the allied sciences. The only one of them which has been at a comparative standstill is descriptive human anatomy, which the accumulated laborious work of more than three centuries has nearly perfected. Physiology, on the other hand, has almost completely altered its basis, and has so enlarged its scope, that it has undergone subdivision into departments, each ample enough for life study. Pathology, too, which is simply the study of altered structure and deranged function, *i.e.*, physiology, under another aspect, supplies ample enough material, and problems enough to occupy any man, however able and diligent. The same, in fact, may be said of all the branches of knowledge embraced in the ordinary medical course. Even in my time, the study of the diseases of the nervous system has taken a completely new footing, and the doctrine of the interdependence of diseased conditions, once regarded as distinct, has acquired great importance, and has led to many changes, not only in opinion but in practice. In our own subject immense strides have been made during the last few years. There has been great increase of knowledge in midwifery proper as a science, and great improvement in it as an art, with an enormous saving of life as a consequence. We have learned much, both in the way of trusting to the natural forces where they seem to be adequate, and in rendering help promptly and efficiently where they fail. Midwifery, as an art, has passed through many phases and fashions, like other branches of practical medicine, periods of mischievous over-activity alternating with periods of mischievous, though perhaps less mischievous, inactivity. Of course, we are not free from extremes in both directions even yet, the tendency now being rather to unnecessary interference with Nature's operations; but a well-reasoned, though not unbounded trust in her powers is becoming more and more the rule.

It is quite possible to get clear proof of the improvement in the art of midwifery of late years, or at least of the increased skill of the average practitioner of obstetrics. The Registrar-General distinguishes two classes of causes of death among lying-in women, directly dependent on labour and its consequences. He separates all cases which belong to the different forms of what is

called puerperal fever, from those in which death has been caused by hæmorrhage, convulsions, injuries, &c. These latter are classed together as the "accidents of childbirth," and it is quite certain that the frequency with which death after labour is caused by them is in direct proportion to the amount of skill and knowledge possessed by obstetricians, male or female. The English returns show that, even in the period since registration of deaths has been compulsory and tolerably accurate, there has been a large reduction in the number of deaths from these "accidents of childbirth." Full returns go back only to the year 1847, and taking the three first years, 1847-9, I find that the death-rate from these causes was 3.98 to every 1000 births, while in the three years 1877-79, it was little more than half, or 2.16 per 1000. But with the greater direct loss of life in the earlier period, there must have been also a greater amount of injured health, and of deaths also remotely traceable to bad management or neglect at the time of delivery. There is no reason for supposing that the benefits, resulting from improvements in the science and art of midwifery, have yet been fully attained; and, in fact, I do not hesitate to say that the death-rate might again be reduced by one-half if the science, even as it stands, were more generally known, and the art, as it is, more carefully practised. The days have gone by when it was supposed that any old wife, of either sex, was able to practise midwifery successfully on the mere strength of what is called experience. A sufficient knowledge of the function of reproduction, and of the organs concerned in its performance, is just as necessary for the obstetrician as a similar knowledge of the general structure and functions of the body is for skill and success on the part of the physician. Theory and practice cannot be disjoined without the direst results ensuing, and it would be hard to say which is likely to do most harm—the man who has the scientific knowledge with little practice, or he who has had large practice, and has little scientific, or so-called theoretical, knowledge. Probably the two men will be prone to err in opposite directions. The theorist, supposing his theories and his science to be correct, will be most likely to err in doing too little; while the practical man, depending on what he has been able to pick up at his own finger ends, will be more likely to do positive harm by rash meddlesomeness. In the correct mingling of theory and practice alone can safety be found; and it is for you now to acquire the theoretical knowledge, the

scientific principles, since, if these are not acquired during the student period, they will seldom be mastered after the hurry and drive, the anxieties and responsibilities of professional life have fairly been entered on. It is unnecessary for me to say that opportunities for acquiring a practical acquaintance with the medical art in all its branches should also be taken as full advantage of as possible, that too much learning may not have to be carried on at the expense and risk of those who may afterwards entrust themselves to your care. In the practice of the particular branch of medical work which we have to study together here, you will find quite sufficient to test fully the extent of your knowledge, as well as the perfection of your skill; the truth being that the general practitioner is likely to have his powers tried and his capacity estimated more certainly, and more quickly in obstetrics than in any other part of his work. He can hand over his difficult surgical cases, probably few and far between, to the special surgeon; but he cannot, without loss of credit, be constantly calling in help in troublesome cases of midwifery, in which every medical man is popularly, but erroneously, supposed to be an expert.

If you want to be successful, make sure of yourselves in midwifery, and in the management of the multifarious ailments of children, and you will be safe, even though you may not be able to distinguish all the cardiac murmurs which have been differentiated, or to tie the iliac or common carotid artery in the most expert fashion. In the practice of midwifery in this country you will have ample field for doing good work, since my decided impression is that our practitioners, judging by results, are distinctly deficient in this department. I told you that the death-rate in England from the accidents of childbirth had been steadily reduced, till, in the years 1877-79, it had averaged not much over two maternal deaths to every 1000 births. In this colony there is a different tale to tell, since, in the five years ending 1881, the rate from the same causes was more than twice as great, viz., 5.04 maternal deaths to every 1000 births. It no doubt is the case, that quite a large percentage of labour cases are completed under the management, or mismanagement, of midwives, most of them utterly unfit for the work they have undertaken. But I must also, in all honesty, express the fear that there is a good deal of rash and almost reckless midwifery practice carried on, even by medical men. The serious consequences do

not end even with the high death-rate, very many women suffering severely for the rest of their lives, as a consequence of rough or careless treatment during and after labour.

Just of late the interests of midwifery proper have been almost too much neglected, in comparison with the attention given to gynaecology, which concerns itself with the diseases of women outside of the periods of pregnancy and of labour and its direct sequelæ. This seems to me to be in some degree a mistake, since it is certain that very much of the work which falls to the gynaecologist takes its origin in imperfect recovery from labour and its consequences.

In medicine we are coming more and more to believe in prevention, and rightly so, since in that field scientific medicine has gained and will gain its greatest triumphs. Midwifery is, in one aspect, chiefly engaged with the prevention of ill effects following the carrying out of the normal function of reproduction; and it certainly looks like a departure, in this one department of medical activity, from the general drift of thought in modern medicine, to be so much taken up with the diagnosis and treatment of mere effects, to the comparative neglect of causes which are in a high degree preventible. Be that as it may, gynaecology has grown to be a large and important subject, in the cultivation of which much activity is at present displayed, as evidenced by the vast and growing extent of its literature. To the study of these two departments of obstetrics we have to devote most of the time allotted to us by the authorities of this University. That time is too short to allow of a full consideration being given to both, in their scientific and practical aspects. I have always thought it right to give the major portion of my lectures to midwifery, and even then have found that many subjects of importance have had to be passed over with but imperfect notice. My hope and expectation always have been to be able, year after year, to economise time for a more extensive treatment of gynaecological subjects, but I have never yet succeeded in doing such justice to them as I would have liked. This year, again, I am more determined than ever to do so, but of course it can only be done by omitting, or greatly condensing, parts of the strictly midwifery division of the course. It is with us, in truth, just as it is with other subjects taught in this and all medical schools. Material has accumulated greatly, and the difficulty is to pick and choose, as time goes on, what to introduce,

without crowding out other things, perhaps of equal or greater value, but without the charm of novelty. I fear that, in our medical education in recent times, we are thinking too much of the *multa* and forgetting the greater value of the *multum*. The burden of the introductory sciences is becoming too heavy to be borne. The student is expected to make himself as fully acquainted with the anatomy, chemistry, physiology, &c., of our day as his predecessors were with these sciences when in a much more undeveloped condition. Far be it from me to undervalue the interest or importance of the sciences which are at the foundation of the medical art; but it is certain that the average student cannot become an expert in each and all of them, in the four or five years which can be given to preparation for entering on professional work. The difficulty is in knowing what to shake off, and, failing some decisive action in that way, there must inevitably come to be an extension of the time given to the study of medicine. Either that, or, what comes to the same thing, a relegation of some of the present subjects in the medical course to a preliminary period of study, thus leaving ampler space to the more strictly medical subjects of pathology, surgery, medicine, and obstetrics, in theory and practice. This, I think, is the probable solution of the difficulty, and it will be most satisfactorily brought about by making an arts course compulsory, as an introduction to the medical, and allowing a large proportion of it to be taken up, in the second and third years, with physics, botany, chemistry, descriptive anatomy, and physiology. Medicine, in its present extent, and regarded both as a science and an art, cannot be learned in anything like a satisfactory way in less than about six years. If this seems to be a very long time, I can only reply that it is not considered too long a time to devote to preparation for a clergyman's work, and surely we are not going to admit that medical men need less preparation, or that what it is essential they should know is more easily acquired. Let me say at the same time that I am not at all convinced that the average medical student does set himself, so seriously as he might, to the work of preparation, or that he properly realises, till examination day comes round, how great the work was. Many men fail simply because they fritter and fool away their time in the beginning of the year, and only towards the end proceed to cram themselves with a mass of undigested stuff, which never having become assimilated, is not of much use even for examination purposes, and

for any practical ends is almost of no use at all. I believe that any man, with sufficient general education and intelligence to justify his admission to the ranks of our profession, should be able to pass the required examinations, if he systematically makes right use of his time and opportunities. I am free to allow that the work must be steady and systematic, if a good position is to be taken at these examinations ; and that man must be greatly better than the average, who gets up all the subjects well, and has his knowledge so fixed in his memory that it is to him a permanent possession. For, after all, the ability to make a fair show at a written, or even oral examination, is no proof by itself that the subject examined on has been truly learned, and so has not only been added to a man's stock of knowledge, but has also, in the learning, tended to strengthen and develop his mental faculties. My own impression is that the actual result is often, perhaps most often, something quite different. Prof. Huxley has spoken of the ability to pour out a torrent of stuff on paper as giving no proof of real knowledge, and has even expressed his belief that the constant effort to pass examinations tends to the deterioration of the man's qualities. Speaking of men who are in the unhappy position of ever preparing for, and passing examinations, he says : "They work to pass, not to know ; and outraged science takes her revenge. They do pass, and they don't know." Prof. Max Müller, too, has said that, in his experience, the process of cramming for examination purposes has seemed to have the effect of producing—not an appetite for work, but a kind of intellectual nausea.

For my own part I have long held, and often given expression to the opinion that the system of examinations, which has got such a footing in this University, is a great mistake. I have no doubt at all that it tends to the intellectual deterioration of almost every student who is long subjected to it. It is bad for students, it is bad for teachers, and one does not need to be much or long in contact with the medical undergraduates of this University, in order to find out how rare the pursuit of knowledge for its own sake is. The question always seems to be—will this be helpful to me in passing the next examination ? And is this a thing on which questions are likely to be set ? If the answer is in the affirmative, the subject is studied, or rather is crammed ; if in the negative, it is severely let alone, however useful or interesting in itself. I fear that what Huxley and Max Müller

have found to be true of students in Great Britain is even more universally true here, for the reason that the examination craze has been pushed even farther in this colony than in the mother country. I cannot, of course, greatly blame our students, but I also cannot help lamenting their unhappy fate. It has been decreed that at the end of each year, they shall be examined in the subjects of lectures of the year. Pass they must, and the subjects to be got up being difficult and extensive, they simply work to pass; and if "outraged science takes her revenge," it is not so much their fault as their misfortune; but none the less the misfortune is great. It is said, of course, that it is only by means of these repeated examinations that the average student can be made to work. You will observe that, if there is a libel in this statement, it is not mine; but even supposing it to be truth, I can only say, in agreement with the great authorities already mentioned, that the work done under these conditions is in all likelihood of bad quality, and any system which inevitably leads to that is self-condemned. I believe, that if examinations were made less frequent, the ultimate effect would be good, even though the immediate effect might be carelessness and waste of time on the part of some of the more thoughtless. Perhaps there would be more plucking for a time, but that evil would cure itself, and subjects would be more thoroughly learned, and the various branches of medical science would be better seen in their connections and interdependencies. My own great wish and effort have been, in conducting this class, to show how obstetrics stand related to the other departments of medical science, and to impress on those who have attended my lectures the value of a liberal culture. He knows an art best who knows the science of that art; while the man who goes by rule of thumb, or by any other cut and dry rule, will be sure to find it fail him in his most trying hour of need. Midwifery is not something which any old wife can practice. When properly studied it brings us face to face with many of the most interesting and difficult problems in biology; and, for its successful prosecution as an art, it demands and tends to call out a medical man's best powers. If you only start with a proper idea of the work we are about to enter on, I do not at all fear but that you will find it interesting, and that the time we have to devote to it will be spent pleasantly and satisfactorily.

Obituary.

MR. WILLIAM GARRARD, M.R.C.S.

It is with feelings of deep regret that we have to record the death on the 18th ult. of Mr. Wm. Garrard, one of the oldest and most respected of our *confrères* in this colony. He has for the past thirty years occupied a prominent position in his profession in Melbourne, and during that time it may be safely said that not a word of censure has cast its shadow on his fair fame in all his various relations. With those with whom he was most intimately associated he was a friend to be long remembered, and whose loss it will be difficult to replace. He was in private life a thorough Englishman, —with his prejudices, and also with his virtues of manliness, scrupulous honesty, and plain blunt courtesy. He was educated in Bristol, where his father occupied an important position. In early life he was a midshipman in the Messrs. Green's service, and was afterwards apprenticed to Mr. Green, the eminent surgeon. He arrived in this colony in 1852, and in the following year was appointed Medical Superintendent of the Melbourne Hospital, in which position he remained for nearly five years, and received on his retirement an extraordinary vote of thanks for his valuable services. He then commenced private practice, and shortly afterwards was associated with Mr. Edwin James in partnership. He was one of the earliest members of the Medical Society, and for twenty years an Honorary Surgeon of the Melbourne Hospital. He was also an Honorary Surgeon to the Children's Hospital, and a Surgeon-Major of volunteers. He was naturally a very strong man, but owing to an affection of the liver, and the untimely death of his wife, he rapidly succumbed, and only survived Mrs. Garrard one week. He was for a long time under the medical attendance and the unremitting care of Drs. Brownless and Youl.

A. B.

Extracts from the Medical Journals.

THE LANCETS.

Boroglyceride.—Mr. Gustavus Hartridge recommends a trial of the new antiseptic—*Boroglyceride*—in cases of purulent ophthalmia. *Boroglyceride* is made by the chemical combination of boracic acid

and glycerine in certain proportions. It is readily soluble in cold or hot water, it is odourless, tasteless, and unirritating; a 1 in 10 solution dropped into the eyes causes scarcely any smarting. It is also said to be innocuous.

Sub-peritoneal Amputation at the Hip-joint.—Mr. Shuter read a paper on this subject at a recent meeting of the London Clinical Society. A male patient, aged eighteen, was diagnosed to have acute necrosis, without suppuration, of the lower end of the left femur. This had led to septicæmia and secondary inflammation of the left hip-joint. It was agreed that nothing but amputation at the hip-joint would save the boy's life. A circular amputation through the junction of the middle and upper third was done, followed by a longitudinal incision on the outer side of the femur down to the bone, the periosteum stripped off and left in the flaps, and the whole of the bone enucleated. The patient made a good and rapid recovery. A little more than two months after the operation he had a movable stump, and within six months after the operation he was wearing an artificial limb.

Iodoform in Diabetes Mellitus.—Professor Bozzolo has tested the action of iodoform in the treatment of diabetes, and with good results. He has given as much as thirty grains daily. In one slight case glycosuria was completely suspended; in a very severe case the quantity of sugar was reduced; in both patients diminution in the quantity of urine was noted. Balp and Negro, investigating the subject in Bozzolo's clinique, have come to the conclusion that the administration of iodoform in diabetes, in doses of from fifteen to thirty grains, diminishes the amount of urine and the elimination of sugar, the number of red globules and of hæmoglobin, and likewise reduces the arterial tension.

The Causes of Puerperal Septicæmia are thus put by Dr Cory (Essex):—1. Bad drainage and escape of sewer gas in the house, such as deficient closets, sinks, and waste-water pipes in cisterns untrapped. 2. Open gully-holes near the house and bedrooms. 3. Surface drainage from other houses passing in ditches or water-courses. 4. Closets placed over stagnant ponds near to the house. 5. Dirty pig-styes near the dwellings of the poor. 6. Scarlet fever and erysipelas.

Bacillus Tuberculosis.—At a meeting of the Pathological Society of London Dr. Samuel West described two cases of rapid phthisis, in which he had obtained from the contents of cavities bacilli in great groups and masses, in one case so large as to be visible to

the naked eye. One case was fatal in ten weeks, occurring in a previously healthy man; the other was of seven months' duration, but ended rapidly. Both had extreme constitutional symptoms, with high temperature (102° to 103°), rapid pulse, and breathing, and great prostration and emaciation. In one case numerous sections of lung were made, but bacilli were not found in the lung tissue, but only in the lining of the cavities. With regard to their presence in the sputum, he thought they were evidence of disintegration of the lung—of slow destruction if few and isolated, of rapid destruction if numerous and in groups or masses. He states that they were not present in every case in which there was excavation. He concludes thus:—"the bacilli may in some doubtful cases be of diagnostic value, but in most cases they are merely an additional confirmation of what was already clear from the clinical and physical signs." The same is true as regards prognosis.

The Treatment of Mitral Stenosis.—Dr. Sansom of the London Hospital has found that even when orthopnoea and dropsy have supervened, rest combined with the administration of nutrients and tonics, with digitalis, have restored the *status quo ut ante* often for a long period. Small and repeated abstractions of blood are even more valuable in mitral stenosis than in mitral regurgitation. The tension of the right heart may be sensibly relieved even by a leech or too applied over the præcordium. Dr. Sansom believes digitalis to be more valuable where stenosis and regurgitation are combined. "When the right ventricle is at fault, I do not think its good effect is so manifest; where it can induce an efficient systole of both ventricles and co-ordinate them, then I think it is the most valuable." In failure of the right heart in extreme mitral stenosis, Dr. Sansom looks more hopefully to caffeine and to convallaria majalis.

Nephro-lithotomy.—Mr. Bennett May showed at the London Medical Society a patient, from whose left kidney he had removed a large stone. The symptoms complained of were severe and characteristic pain in the left loin, of a paroxysmal character. Blood was also frequently present in the urine. A fast walk, rough work, or a drive in a conveyance brought on an attack of renal colic, which beginning with rigor and sickness, was attended with severe pain in the left loin, radiating down the course of the ureter into the testis and thigh, and after lasting several hours was followed by copious hæmaturia and frequent micturition for

the next day or two. There was frequent turbidity of the urine from pus and phosphates. The act of stooping was a source of great local pain. The operation was performed October 20th 1882. The finger failed to make out a stone, but on puncture detected it at once. The kidney substance was incised in a vertical direction, until the wound appeared large enough to permit extraction of the stone, which was accomplished by a scooping action of the forefingers and gentle traction on its smaller end. Bleeding of a venous character was profuse but controlled by pressure. The wound healed by the fifth week, never showing any tendency to form a urinary fistula. It was found convenient during the operation to divide the edges of both erector and quadratus muscles. Mr. Bennett May thought that it still remained to be ascertained whether the kidney in these cases completely recovered and became a useful organ.

R. A. S.

BRITISH MEDICAL JOURNAL.

Paraldehyde, a New Hypnotic.—This drug is a polymeric form of aldehyde strongly resembling chloral in its physiological action. Its chemical composition is $C_6H_{12}O_8$. A dose of three grammes produces quiet and refreshing sleep for from four to seven hours. It differs from chloral in its action on the circulatory system, strengthening the heart's action while diminishing its frequency. It also has a well marked action on the kidneys, greatly increasing the flow of urine, whilst there is no action on the skin. Professor Morselli of Turin has found it a valuable remedy in mania, melancholia and other nervous affections, as well as in the sleeplessness that accompanied acute bronchial catarrh, lobar pneumonia, and heart diseases. It does not give rise to digestive disturbances, to headache, or to any other unpleasant symptoms.

Dr. Pavy has recently devised a very portable means of testing for albumen in urine, which consists of test-pellets of ferro-cyanide of sodium and citric acid. When applying the test, the pellet is simply crushed and placed at the bottom of an empty test tube, wineglass or bottle. The urine is then poured on the top of it, when if albumen is present the test is so delicate that the smallest amount gives rise to a distinctly recognizable opalescence, and with a larger quantity a dense white precipitate is produced. Simple agitation of the fluid is quite sufficient without the aid of heat.

Dr. Oliver of Harrowgate has also devised test papers for the same purpose. They are said to be "extremely portable, and but little liable to deterioration from exposure to the air, and quite devoid of the corrosiveness which interferes with the portability of nitric acid." The papers are saturated with potassio-mercuric iodide, potassium ferric-cyanide, and picric acid, &c.

The use of salicylic acid and the salicylate of soda is said to favour the production of intestinal hæmorrhage in typhoid fever.

The common lily of the valley (*convallaria majalis*) has recently been used in cases of heart disease, and will probably to some extent take the place of digitalis. It is said to be useful in cases of palpitation, resulting from exhaustion of the pneumogastrics; in simple cardiac arrhythmia with or without hypertrophy, and with or without valvular lesion. Dr. D'Ary says "with me it has long since taken the place of digitalis; and in cases of organic heart disease, when, in the latter stages, the symptoms are becoming urgent, and the patient begs for relief, the physician will appreciate a remedy that will relieve signally and promptly, without the dread of overdose and cumulative action.

W. B. W.

The Use of the Mullein Plant in the Treatment of Pulmonary Consumption.—F. J. B. Quinlan, M.D., M.R.I.A., F.K.Q.C.P., Physician to St. Vincent's Hospital, Dublin, observes that, "from time immemorial the *Verbascum Thapsus*, or Great Mullein has been a trusted popular remedy in Ireland, for the treatment of phthisis." After relating seven cases where it proved of benefit, he concludes, "I have set down the above cases simply in the order in which they occurred, and with no view of supporting any preconceived idea. These cases, although too few to justify any general conclusion, appear to establish some useful facts. The mullein plant boiled in milk is liked by the patients; in watery infusion it is disagreeable, and the succus is still more so. The hot milk decoction causes a comfortable (what our Gallic neighbours call a *pectorale*) sensation, and when once patients take it they experience a physiological want, and when the supply was once or twice interrupted, complained much in consequence. That it eases phthisical cough, there can be no doubt; in fact, some of the patients scarcely took their cough mixtures at all—an unmixed boon to phthisical sufferers with delicate stomachs. Its power of checking phthisical looseness of the bowels was very marked,

and experiment proved that this was not merely due to the well-known astringent properties of boiled milk. It also gave great relief to the dyspnoea. For phthisical night-sweats it is utterly useless; but these can be completely checked by the hypodermic use of from the one-eightieth to one-fiftieth of a grain of the atropia sulphata; the smaller dose, if it will answer, being preferable, as the larger causes dryness of the pharynx, and interferes with ocular accommodation. In advanced cases, it does not prevent loss of weight, nor am I aware of anything that will, except koumiss. Dr. Carrick, in his interesting work on the koumiss treatment of Southern Russia (page 213) says: 'I have seen a consumptive invalid gain largely in weight, while the disease was making rapid progress in her lungs, and the evening temperature rarely fell below 101° Fahr. Until then, I considered that an increase of weight in phthisis pulmonalis was a proof of the arrest of the malady.' If koumiss possesses this power, mullein clearly does not; but unfortunately, as real koumiss can be made from the milk of the mare only, and as it does not bear travelling, the consumptive invalid must go at least to Samara or Southern Russia. In pretubercular and early cases of pulmonary consumption, mullein appears to have a distinct weight-increasing power; and I have observed this in several private cases also. Having no weighings of these latter, however, makes this statement merely an expression of opinion. In early cases, the mullein milk appears to act very much in the same manner as cod-liver oil; and when we consider that it is at once cheap and palatable, it is certainly worth a trial. I will continue the research by careful weighings of early cases; and will further endeavour to ascertain whether the addition of mullein to the cultivating solution prevents the propagation of the phthisical bacillus."

Treatment of Dysentery.—Mr. F. Rawle, M.R.C.S., observes that, at the present time, when dysentery is very prevalent, especially amongst those who have returned from the Egyptian war, any suggestion that may mitigate the suffering of so fatal a malady will be hailed with gratitude. The plan he has used with most success is the following: First, having placed the patient between warm blankets, a pint and a half of warm water, at a temperature of 90° Fahr. is injected. This is seldom retained longer than a few minutes, but is pronounced very grateful to the patient. When the water has soothed the mucous membrane of the colon and rectum, and brought away any effete matter, two

ounces, by measure, of the following enema is administered with a gum-elastic bottle: R Quinine sulphate ten grains; compound tincture of camphor four drachms; decoctum amyli to two ounces. Mix, and when about milk-warm, inject, which is generally retained; but, if ejected, it may be repeated after an hour or two. This has been found of great service, and very grateful to the patient, the effect being like magic. If griping pains be felt over the region of the epigastrium, half-drachm doses of chlorodyne, in some aromatic water, mint, carraway, or aniseed, should be given. The diet, of course, should be of the most soothing kind; jellies, isinglass, linseed, toast and barley water *ad libitum*. Ipecacuanha appears of little service, and Mr. Rawle has discarded it from his treatment. Warm turpentine stupes or warm flannels over the hypogastrium prove very beneficial.

Hydatidiform Disease of the Chorion.—Mr. Edward Stephens, M.R.C.S., of Ilminster, writes: "On September 7th, I was sent for by a midwife to attend Mrs. C., who was flooding. On my arrival, the hæmorrhage had stopped. On making an examination, the uterine sheath was not sufficiently dilated to be able to ascertain its contents. On passing my hand over the abdomen, I remarked to the midwife, how unusually circular it was. On the following afternoon, I was again hastily summoned, and found the woman had lost much blood. On making an examination, I found that, by a little manœuvring, I could insert my hand into the uterus; and I vividly remember how astonished the midwife and Mrs. C. looked, when I informed them that it contained no child. In fact, Mrs. C. stoutly declared that she had felt the child many times; and that, being the mother of thirteen children, all living, she ought not to have been mistaken. After administering a full dose of ergot, some sharp uterine pains followed—soon expelling a mass, which, when collected, filled three ordinary-sized chamber utensils. After this jelly-like mass had been expelled, she rapidly recovered, and made an uninterrupted recovery."

Sir William Gull on Scientific Medicine in General Practice.—In the course of an Address delivered on January 17th, before the Metropolitan Counties Branch of the British Medical Association, on the subject of the Collective Investigation of Disease, Sir W. Gull, observed: "It will be admitted that, had we leisure, proper means at our disposal, and from previous training a fitness for exact observation, we should find in general practice one of the

most valuable fields of pathology, as there and there only we have before us the earliest signs of departure from health, and the only opportunities for tracing the course of a disease from its beginning to its end. Having passed many years in hospital and private practice, I have come to see that experience gained in the latter is necessary for the correction of that acquired in the former, especially as helping towards a truer pathology. It will perhaps, and naturally, be objected, that it is almost impossible to organise for any useful purpose the labours of men already overburdened by the cares and fatigue of practice; and that there is neither time nor fitness for delicate inquiries on their part. Admitting that this objection is valid, it may be urged in reply, that it need not be insuperable. It cannot be denied that when we see the meaning of the apparent trifles which in practice would otherwise oppress and worry us, our burden is thereby much lightened, and that nothing could encourage us more than to feel that even one daily observation recorded was adding to our general store of knowledge, and making the path of practice more easy. There is no tonic to the mind greater than the sense of work done; and our journey is likely to be made shorter, as it certainly will be easier, if the way is illuminated. We, indeed, owe it to those members of our profession, who are admittedly overwhelmed by the apparently senseless details of their work, to promote a movement like collective investigation, the object of which is to bring order into chaos, and to help them to stamp a scientific value upon facts hitherto only burdensome. If we compare the unflagging interest of any pursuit where the aim is high and clear with the tediousness and wearisomeness felt when working in the dark, we shall readily admit that we are actually lightening the burdens of practice by thus adding to them, and by giving some portion of them a sense and meaning. It is the spirit of a man which enables him to do his work lightly and cheerfully, and he will certainly be helped in this by a combination with fellow-workers on the same subject."

On the Therapeutic Value of Sulphurous Acid in Scarlatina Maligna.—Dr. Keith Norman MacDonald, after denying the prevalent opinion that no reliance can be placed on any drug in cases of scarlatina, does not hesitate in affirming that, when properly applied both locally and internally, sulphurous acid is by far the most efficacious remedy we possess. He continues, "I have had several opportunities of testing its efficacy in some

of the worst cases I have ever seen, during the epidemic which has been rife in this town (Cupar Fife) for the last two months, and I am bound to say that, of all remedial measures in this disease, it is, in my opinion, the most reliable. My treatment is as follows: The moment the throat begins to become affected, I administer to a child, say of about six years of age, ten minims of the sulphurous acid with a small quantity of glycerine in water, every two hours, and I direct the sulphurous acid spray to be applied every three hours to the fauces for a few minutes at a time, using the pure acid in severe cases, or equal parts of the acid and water, according to the severity of the case. Sulphur should also be burned in a sick chamber half a dozen times a day, by placing flour of sulphur upon a red hot cinder, and diffusing the sulphurous acid vapour through the room, until the atmosphere begins to become unpleasant to breathe. In the worst cases, where medicine cannot be swallowed, this and the spray must be entirely relied upon; and the dark sordes which collect upon the teeth and lips should be frequently laved with a solution of the liquor potassæ permanganatis of the strength of about one drachm to six ounces of water, some of which should be swallowed if possible. In cases presenting a diphtheritic character, the tincture of perchloride of iron should be administered in rather large doses in a separate mixture with chlorate of potash, and equal parts of the same with glycerine should be applied locally with a camel's hair brush several times a day; but, as in the majority of cases among children, it is next to impossible to use a local application more than once; the spray and permanganate solution will then prove of great service. As to other remedies recommended by various authors, ammonia is nasty, and cannot be taken well by children; carbolic acid has the same fault, and cannot be applied properly. Gargles are also useless in children, because they seldom reach the diseased surfaces, and warm baths and wet sheet packing are dangerous, because they are never carried out properly in private practice. The hypodermic injection of pilocarpine is a remedy that may give good results hereafter, but I have had no experience of its use."

Case of Interstitial Tubo-Gestation. — Dr. Henry Habgood describes the case of a married woman, aged 35, who died with all the symptoms of internal hæmorrhage, in the eleventh week of pregnancy. At the necropsy, there were about five pints of clotted blood in the pelvic and abdominal cavities. On turning

this out, the source of the hæmorrhage proved to be a sac, formed by the uterine portion of the left Fallopian tube and the wall of the uterus, which had grown outwardly to about the size of a walnut, and then ruptured anteriorly. Chorion villi were distinctly visible in the sac. The opening of the tube into the sac had become obliterated. There was evidence of a previous partial rupture, in the shape of a small hæmatocele on the posterior aspect of the sac. The foetus had escaped into the abdominal cavity, and was unfortunately lost. The left ovary was closely attached to the left side of the uterus by old bands of lymph, and contained several cysts. The right ovary was normal, and contained a corpus luteum. The uterus was enlarged, and its lining membrane was red and thickened, forming a distinct decidua that could be easily detached. The bladder was healthy, but contained no urine. The abdominal organs were healthy, but very anæmic. "With regard to the cause of the arrest of the ovum in that particular spot, I may remark that nothing existed in the Fallopian tube or uterus in the shape of polypus or fibroid to cause obstruction, but that there were plenty of adhesions on the left side, matting the uterus, Fallopian tube and ovary together, altering their relative positions, and possibly causing obstruction. Yet the presence of a corpus luteum in the right ovary, coupled with the cystic condition of the left, would point to the theory of transmigration of the ovum as being the most probable explanation of the phenomenon."

GLASGOW MEDICAL JOURNAL.

DECEMBER 1882.

Dr. J. Milner Fothergill contributes an article on the indications for the use of digitalis. He first points out the erroneousness of several old established views concerning the action of this potent remedy, and then lays down rules for guidance in its administration. He says "digitalis was long regarded as a cardiac sedative because it rendered the heart's action slower or less tumultuous," and then he demonstrates the erroneousness of this belief by showing that it calms the action of the heart, not because it is a cardiac sedative, but because it increases the vigour of the cardiac contractions and "thus achieves the more complete emptying of the ventricle at each systole."

Another rule laid down by some teachers, and one to which he takes exception is, that "digitalis is to be given in mitral disease, but withheld in aortic disease." He says:—"As a broad rule it is well enough; digitalis is usually of service in mitral disease; but how about aortic disease? When a fairly hypertrophied left ventricle is struggling against a contracted aortic orifice, but not quite successfully, how about digitalis? The system is suffering for want of arterial blood because the ventricle is unequal to driving a sufficiency of blood through the narrowed ostium in the normal time to keep the arteries full." Here the beneficial effect of the drug is owing to the fact that it increases the "vigour of the driving power." Again, its value is inestimable in aortic regurgitation when the dilating process in the left ventricle is proceeding more swiftly than the hypertrophic. Its administration in this condition "arrests the dilating process; the muscle is better nourished and then compensatory hypertrophy is built up. On the other hand, while the muscular compensation is complete and sufficient, and the patient is fairly well, there is no good end to be attained by giving digitalis." Its action is powerfully aided by rest, good food, and iron. In discussing its effects on the right ventricle he points out, that the respiration must be considered as well as the heart, and the rule he adopts in all cases of mitral lesion with embarrassed respiration is to give a well recognised respiratory stimulant such as strychnia or ammonia with the digitalis.

In concluding his interesting paper, he says:—"The indication, then, for digitalis is not a murmur in the heart; nor a certain form of valvular lesion; nor tumultuous action; nor yet rapidity of action; but, as Rosenstein has put it, whenever it is desirable to fill the arteries and empty the veins."

Dr. Jas. C. White uses the following application in the treatment of corns and warts:—

Extract of Cannabis Indica,	10 grs.
Salicylic Acid,	80 grs.
Collodion,	1 3.

—*Boston Medical and Surgical Journal.*

Dr. W. G. Stark has used apomorphia in two cases to produce emesis. He injected one-eighth of a grain hypodermically; in one case vomiting was induced in six minutes, and in the other in eight minutes.

J. D. T.

MEDICAL TIMES AND GAZETTE.

JANUARY.

Abdominal Sections.—Mr. Knowsley Thornton during the past year performed 57 abdominal sections for various purposes, generally the removal of ovarian tumours, with the result that 53 recovered and 4 died; 2 of the deaths being due to malignant disease, and 1 to intestinal obstruction. All his operations were conducted with strict Listerian precautions.

A Rare Case of Enteric Fever.—Dr. Asche, of Strasbourg, reports such a case, which occurred in a child aged 12; the disease running an ordinary course till the 21st day, when severe vomiting occurred, followed on the 27th by rigors and high temperature, and on the 29th by pain, and the appearance of a tumour in the region of the liver. This was soon followed by profuse sweating, hectic, and death, which occurred on the 35th day. At the autopsy, it was found that there were healed typhoid ulcers in the intestine, but that the lymph glands in the vicinity of the ileo-cæcal region were suppurating, and that there were 8-10 pyæmic abscesses in the right lobe of the liver.

Removal of an Abdominal Tumour.—Dr. Moncke operated on a woman 24 years of age, who seemed to be suffering from an ovarian tumour, which proved however to be a retro-peritoneal fibroid. It was situate behind the ileum, which ran in a groove along its upper surface, over which the mesentery was spread on each side. The mesentery was cut close to the bowel, which was then separated from the tumour, and the latter was soon removed. The mesentery was after this sewn along the bowel, except in one place, where it was not long enough. Perfect recovery took place, although one foot of ileum had thus been deprived of mesentery.

A New View of Erysipelas.—Mr. Jonathan Hutchison asserts that erysipelas is in no way allied to the specific fevers, and that the fever attendant is caused by the local inflammation. He endeavours to show that in place of one disease, erysipelas, we have a family of erysipeloid affections, some like typical erysipelas, others not so. All are specialised forms of inflammation, due originally to local causes, and in all a virus is produced which enables the disease to be spread by contagion, such propagation being attended with intensification of the type, whilst recurrence

in the same individual is attended with mitigation. This family includes ordinary erysipelas, both traumatic and idiopathic, white erysipelas, brown erysipelas, vesicatory erythema, recurring cedema of the face, elephantiasis, and some forms of carbuncle.

Dr. Sansom's first Lettsomian Lecture on the treatment of some forms of valvular heart disease, was devoted to endocarditis. He divides endocarditis into four varieties:—(1.) Exudative. (2.) Sclerous or fibrotic, which may be called the rheumatic forms. (3.) Endocarditis secondary to atheroma; and (4.) Ulcerative. (1) and (2) are simply stages of the same disease, the scleroma being the later condition. The most valuable signs by which to distinguish the onset of valvular endocarditis in rheumatism are prolongation of the first sound, or reduplication of either. To explain the occurrence of the first two forms in children who have never had acute rheumatism, he states that a very slight rheumatic attack is often sufficient to cause it, and that scarlatina and measles are frequent causes. That in such cases it more generally occurs as a sequel than during pyrexia. As to the treatment, practically it is only endocarditis connected with rheumatism that gives any opportunity for treatment. It is purely preventive, and the salicin compounds are best, although they have not proved as efficacious as would be thought, because endocarditis has often commenced before the treatment is begun, and it is impossible to keep the inflamed surfaces at rest. From the statistics published in cases of rheumatism, it is seen that this treatment has not notably diminished the frequency of endocarditis. Every child who has sore throat, measles, or scarlet fever, ought to be watched, especially during convalescence, with a view to the prevention of endocarditis. Inasmuch as ulcerative endocarditis is uniformly fatal, generally by septicæmia or embolism, (1.) More than ordinary care should be taken to keep the subjects of valvular disease away from sources of infection. (2.) Any threatened inflammation should be treated by physiological rest as far as that can be obtained. (3.) Nutrition should be sustained to the highest degree practicable. J. W. B.

NEW YORK MEDICAL RECORD.

Dr. F. H. Bosworth discusses the *Pathology and Treatment of Growths in the Nasal Passages*. One of the most common is the so-called adenoid of the vault of the pharynx, which is simply a

hypertrophy and hyperplasia of the lymph tissue in the pharyngeal mucous membrane, the result of chronic catarrh. The larynx soon becomes involved secondarily, especially in singers. When a note in the upper register is attempted, the tone is muffled; the vocal waves that strike on the tumour are suppressed; to overcome the difficulty the singer tries to increase the volume of the voice, overstrains the larynx, and ruptured capillaries and ruptured muscular fibres result, ending in chronic laryngitis. The treatment consists in total extirpation by a modification of Jarvis' snare écraseur. Dr. Bosworth also finds that a combination of Jarvis' and Wild's snares is the most effective instrument for the removal of nasal polypi.

A tumour weighing 80 lbs., and measuring $67\frac{1}{2}$ in. in circumference, was removed from the abdominal wall by Dr. N. P. Dandridge. It was of such size that the patient had to suspend it in a strong sack attached to the waist. The tumour was a myxo-lipoma, and is said to be the largest on record. The shock during removal was profound, and the patient, a colored female æt. 43, died six days after the operation.

Dr. Roberts Bartholow deals with the *Treatment of the Complications of Acute Rheumatism*. For excessive hyperpyrexia, he advocates cold baths, quinine, and digitalis. In endocardial and pericardial inflammations "it is most necessary to render the blood as alkaline with ammonia as can be effected, and the more promptly the ammonia is introduced the less the damage to the valves, and the less the danger of embolism." As the muscular structure of the heart is generally involved to some extent, digitalis, which increases the peripheral tension of the vascular system, is dangerous, while aconite is a most effective remedy; at the same time a succession of small blisters to the præcordia will do good. When the heart actually fails, alcohol is useful with such muscular stimulants as strychnia and iron. In embolism he advocates ammonia as a solvent of the fibrinous plug, and would inject it into the veins; besides this, the chief object is to check collateral hyperæmia and œdema by a combination of ergot and digitalis, which, however, must not be given at the same time as the ammonia.

Bismuth is recommended as a *Specific for Cancerum Oris* by Dr. C. J. MacGuire. He had twenty-four cases of this disease in children who had been neglected and starved, and were convalescent from measles. The first four cases were fatal. Then

he tried bismuth as a local application with marked success, and though the cases were quite as severe, all the twenty cases so treated recovered; the sloughs cleaned off, fœtor disappeared, and ulcers healed and cicatrized with very little deformity in from two to four weeks. *Bismuth* is also used as an *antiseptic dressing* by the German surgeon, Kocher. During operation, the wound is sprinkled from time to time with water holding bismuth in suspension, in the proportion of 10 per cent. When all oozing has ceased, the wound is closed with sutures, which however are not drawn tight. No drainage tube is used, but the line of incision is smeared with a bismuth paste, and the usual dressings wet with the bismuth mixture are applied. After twelve to twenty-four hours, the dressing is removed, the surface re-sprinkled with the bismuth, and then the sutures are drawn tight, and the dressings reapplied. Kocher maintains that the bismuth being astringent as well as antiseptic, dries up the secretions, and allows of primary union; further, the plan is very simple and easy of application.

G. A. S.

JOURNAL OF CUTANEOUS AND VENEREAL DISEASES.

We have received the third number of this new periodical, which is edited in New York by Dr. Piffard and Dr. Morrow. In the first article Dr. Morrow sums up the results of immediate excision of the infecting chancre; since 1867 he has collated 222 published cases, out of which 60 are claimed as successful, no secondary accidents appearing during a period of observation varying from four months to one or more years; but several of the operators were *unicists*, and believed that chancre and chancroid were identical; and in many other cases the diagnosis was doubtful. The conclusion of the writer is that excision is condemned by clinical experience and by the deductions of analogy and of experiment, and that it cannot attenuate the virus or modify the intensity of the general symptoms, since the *quality* of the syphilis is dependent on the reaction of the organism rather than on the *quantity* of virus implanted.

Dermatitis Papillaris Capillitii.—Dr. J. Nevins Hyde describes two cases of this rare disorder, in which papules, vesicles, or vesico-pustules, of pin's-head size, appear deeply seated in the substance of the scalp, their apices alone presenting on the surface; they all come to contain thin mucoid fluid; the hairs

of the affected part fall away, or persist here and there in little tufts. Gradually the tumours increase into firm plaques, like small nuts, or even larger, of irregularly-rounded or squarish outline. The patches resemble keloid, but seldom send out prolongations. Seldom do more than three or four occur at the same time; the occipital region is most often affected. The patients are children or adults of middle age. The cause of the disease is unknown; no parasites have been recognised; the progress is uncertain, and treatment unsatisfactory.

Facial Hyperplasia Cutis.—At the New York Dermatological Society Dr. Alexander exhibited a woman, aged 45, with great thickening of the lips and cheeks, apparently due to lymphatic œdema consequent on scrofula.

Multiple and Congenital Fibromata Mollusca.—Modrzejewski, in the *Gazette Hebdomadaire*, writes concerning a patient covered with tumours, numbering upwards of 3000; one, whose ulceration caused death, extended from the clavicle below the axilla, and was as large as the head of an adult. A great number were found post mortem on the trunks of the nerves (infra-orbital, facial, pneumogastric, lumbar plexus, &c.). Microscopically, they consisted principally of connective tissue, old and recent (fusocellular sarcomata).
A.

Correspondence.

A CORRECTION.

To the Editor of the Australian Medical Journal.

SIR,—In the Hospital Reports of your last issue I noticed a case of rupture of the intestine on which I performed laparotomy. I desire to state that I did not see this patient until I was called on to take charge of him on February 13th, and I am not responsible for the previous treatment by enemata. I must further correct your report by explaining that I found the entire cylinder of the small intestine (*ileum*) torn through. And in sewing together the serous surfaces I did not use the *herring bone* suture. By inserting these remarks you will oblige.

Yours obediently,

T. M. GIRDLESTONE, F.R.C.S.

Melbourne, April 10th, 1883.

Local Subjects.

APPOINTMENTS.—J. B. Ryan, M.B., to be deputy medical superintendent of the Ararat Lunatic Asylum; J. de Burgh Griffith, M.B., to be Honorary official visitor at the Metropolitan Lunatic Asylum; G. M. Cole, L.S.A., to be public vaccinator for Wood's Point, *vice* J. B. Ryan, M.B. resigned.

MELBOURNE HOSPITAL.—Mr. de Verdon and Mr. W. K. Thomson have been elected members of committee; Dr. G. A. Syme and Dr. J. W. Barrett have been re-elected resident medical officers; and Dr. W. Moore, Dr. F. J. Owen and Dr. J. Harbison have been elected to fill the vacancies remaining in the same office. A deputation from the committee is about to wait on the Minister of Lands to ascertain what sites are available in the event of the removal of the Hospital being decided on.

AMERICAN JOURNAL OF OTOTOLOGY.—We regret to learn that the publication of this valuable journal has been suspended until further notice.

RABIES IN NEW SOUTH WALES.—From a report furnished to the Minister of Mines of New South Wales by the health officer, it appears that several cases have occurred in that colony lately which presented every symptom of true rabies in dogs. Only one confirmatory test was wanting, the inoculation and production of the disease in other animals. Dr. McKellar says that if hydrophobia has not yet been introduced into this country, it will be sooner or later, and that the very rapid means of transit between this colony and Europe will facilitate its introduction. The Chief Secretary of Victoria has requested the Colonial Secretary of New South Wales to furnish the fullest particulars of the matter, in order that, if necessary, action may be taken by the Department of Agriculture of this colony. The question was raised last March, and the department at that time requested the Governments of New South Wales and South Australia to join Victoria in a general prohibition against the importation of dogs, in order to prevent hydrophobia from reaching Australia. They declined to carry out the desire of Victoria, and Mr. Young, feeling that this colony could not act alone in the matter, took no further steps in connexion with it.—*Australasian*.

A CORRECTION.—In our last issue the qualification of Dr. W. Cleaver Woods was erroneously given as M.B., Ch.M. *Aberdeen*: it should have been *Edinburgh*.

REGISTRATIONS.—At a meeting of the Medical Board of Victoria, held on the 6th inst., the following business was dealt with:—*Registrations*—Robert Richard Rimington, No. 1069, M.B. et Ch.B. Melb. 1883; Arthur Edward Salter, No. 1070, M.B. et Ch.B. Melb. 1883; William Murray Pickering, No. 1071, M.B. et Ch.M. Glas. 1875; Andrew Honman, No. 1072, L.S.A. Lond. 1880, M.B.C.S. Eng. 1882; Gustave Henry Stephen Zichy-Woinarski, No. 1073, M.B. et Ch.B. Melb. 1883; John Park Montgomery, No. 1074, M.B. et Ch.B. Melb. 1883; Charles Hedley, No. 1075, M.B. et Ch.B. Melb. 1883; Arthur Vincent Henderson, No. 1076, M.B. et Ch.B. Melb. 1883. *Additional Qualifications Registered*:—James William Florance, No. 1050, Ch.B. Melb. 1883; Charles Henry William Hardy, No. 1045, Ch.B. Melb. 1883; James Eadie, No. 1046, Ch.B. Melb. 1883; Frederick James Owen, No. 1047, Ch.B. Melb. 1883; William Moore, No. 1052, Ch.B. Melb. 1883. *Deceased Practitioners Names Erased from Medical Register*:—James Doyle, L.R.C.S.I.

1874, Kyneton, No. 906; Robert Hunter, No. 97, East Brighton, L.F.P.S. Glas. 1839; Henry Simpson Wood, No. 905, Melbourne, M.B. 1878, Ch.B. 1879 Melb., M.R.C.S. Eng. 1881, L. et L.M.R.C.S. et R.C.P. Edin. 1881.

Dr. Lyon Playfair has been knighted by the Queen.

NEW MEDICAL BILL.—We learn by cable that the Amending Medical Act has been read a second time in the House of Lords. It provides *inter alia* for the registration of approved Colonial diplomas in a separate section of the British Medical Roll.

Dr. Beaney has been elected to represent the North Yarra Province in the Legislative Council.

BIRTHS.

CARROLL.—On the 15th ult., at Corowa, N.S.W., the wife of W. J. Carroll, L.R.C.S.L., &c. &c., of a daughter.

MOORE.—On the 1st inst., at The Heart, Sale, the wife of H. Ogle Moore, M.B. of a son.

POWER.—On the 24th ult., at 50 College-street, Sydney, the wife of Dr. J. J. Power, of a daughter.

MARRIAGES.

DIMOCK—LEVETT.—On 15th ult., at Saint Stephen's Church, Portland, by the Rev. J. C. P. Allnutt, George Dimock, M.R.C.S. England, and L.A.S. London, to Clementina, fourth daughter of Francis Findon Levett, of Portland.

HUGHES—LAIDMAN.—On the 7th inst., at St. Peter's Church, Melbourne, by the Rev. J. Carlisle, Frederick Hughes, Esq., to Hannah, widow of the late Dr. Laidman.

MILLER—MURPHY.—On the 28th ult., at Christ Church, South Yarra, by the Rev. H. F. Tucker, Dr. Hubert L. Miller (late Medical Superintendent, Melbourne Hospital), to Annie Isabella, fourth daughter of Sir Francis Murphy, Edgcombe, St. Kilda-road.

DEATHS.

DUNN.—On the 29th ult., at Inkerman-street, St. Kilda, Charles C. Dunn, aged 71, only brother of George Dunn, Esq., M.D., Garden-square, London.

GARRARD.—On the 18th ult., at his residence, 169 Collins-street east, Mr. William Garrard, surgeon.

HALL.—On the 10th inst., at Williams-road, Prahran, Harriet Hall, the wife of Edward Hall, M.R.C.S., England, aged 57.

M'KEAG.—On the 5th February, at Waterside, Coleraine, County Derry, Daniel M'Keag, M.D. and J.P., aged 72.

MONTGOMERY.—On the 23rd ult., at Franklin-street, Adelaide, S.A., Isabella, relict of the late Dr. Montgomery, Happy Valley, eldest daughter of the late John Cochrane, of Glanderston, Scotland. Glasgow papers please copy.

WOOD.—On the 2nd inst., at Fort Constantine, Cloncurry, Northern Queensland, H. Simpson Wood, M.B. Ch.B. Melb., L.R.C.S. England; L.M., L.R.C.S. Edinburgh; L.R.C.P. Edinburgh; son of the Rev. W. Wood, M.A., Incumbent of Christ Church, Hawthorn.

NOTICES TO CORRESPONDENTS.

Communications have been received from Dr. de Lantour, Dr. Batchelor, Dr. J. David Thomas, Dr. G. A. Syme, Dr. J. W. Barrett, Dr. Stirling, Dr. Snowball, Dr. Bowen, Dr. Walsh, and Dr. Ford.

PUBLICATIONS RECEIVED.

The usual exchanges have been received.

THE
Australian Medical Journal

MAY 15, 1883.

Original Articles.

ANOMALOUS CASES IN CHILDREN'S PRACTICE.

By WM. SNOWBALL, M.B., &c.

Honorary Surgeon to the Children's Hospital.

Herpes Zoster simulating Meningitis.

CASE 1.—W. A., æt. five years, male. Brought to Children's Hospital on August 19, 1882. The mother states that the child's illness commenced six days ago. From the first he complained of intense pain on the left side of the head and face, with vomiting, constipation, and drowsiness; the least noise or a bright light increased the pain, and he awoke from his sleep with a sharp scream. He had had a violent convulsion that morning. On examination, the eyes bright, pupils regular, and acting readily; pulse irregular; temperature 103° F.; head very hot; great tenderness on touching left side of face, especially at point of emergence of the facial nerve; no ear affections; no cerebral *tâche* present. The boy's sister died of meningitis after typhoid six months previously, and there is phthisis on the father's side. Large doses of bromide and iodide of potassium ordered, and the head to be kept cool.

August 21st.—The whole of the left side of the face, and even down into the neck, in fact all the parts supplied by the left facial nerve, covered with the characteristic vesicular eruption of herpes. The child's condition greatly improved; the pain abated; temp. 100° F.; vomiting ceased; and on August 30th he was well.

CASE 2.—E. S., æt. 1 year 10 months, female. Brought to Children's Hospital November 4th, 1882. The mother stated that the child was weaned 10 months previously, and up to the present time had enjoyed good health, and had had little trouble with dentition. Five days previous to admission the child was suddenly seized with convulsions, which lasted for some few minutes; the skin, especially of the head, was very hot. The child was seen by a medical man, who said she was suffering from inflammation of the brain, most probably caused by the sun, the

weather being very hot. She was put under treatment, but appeared to get worse, having frequent convulsions, screaming in her sleep, with vomiting and constipation of the bowels. On admission, the child is lying in a partial stupor, from which she is with some difficulty roused. Pupils of eyes sluggish, but regular; pulse intermittent; temperature 103.5°. Has apparent power and sensation in limbs. On passing hand over child's head, she starts and screams when the back of the head is touched, especially on the right side. Family history good; is the first and only child. Ordered bromide and iodide of potassium, and gelsemium in large doses, and castor oil to be applied to vertex.

Next day there developed on the right side of the neck, running from about the middle of the cervical region to the front of the throat, a broad band of herpes. Simultaneously the child's condition improved, and in a few days it was convalescent.

Speaking of herpes zoster, Day in his "Diseases of Children 1881," says—"Herpes zoster is almost unknown in infants at the breast, and certainly rare under five years of age." Naylor, in his "Diseases of the Skin," mentions that when herpes zoster follows the course of facial nerve or of branches of the cervical plexus the symptoms are more severe.

In the first case, the family history being so bad, I had some difficulty in persuading myself that meningitis did not really exist, and that it was not cured by the subsequent eruption of herpes acting as a derivative, as is sometimes, though rarely, seen in those cases of meningitis where the physiological effect of iodide of potassium is produced, and the patient is relieved by the development of an acne over the body. But the second case was so similar, both in onset and result, that I am compelled to believe that in both cases the symptoms were due to the primary fever of herpes zoster. The only diagnostic symptom of any value was the presence in both cases of localized tenderness in one part of the head.

DEODORISER FOR THE HANDS. THE FIRST SIGN OF DEATH.

By W. V. JAKINS, L.R.C.P. Ed. &c.

The hands may be invariably deodorised after necroscopic examinations, or after offensive operations, by previously filling the nails and skin surrounding them with vaseline, and subsequently,

after washing the hands and lightly drying, rubbing in oatmeal till they are perfectly dry, and then removing the superfluous powder with a towel. Other materials I have used, but this gives me the best results.

The first part of the body to show signs of death I believe to be the sphincter iridis; if the pupil be pressed upon at its margin its circle becomes temporarily altered; this always shews death.

Ballarat, June 1, 1883.

Hospital Reports.

ADELAIDE HOSPITAL.

CASES UNDER THE CARE OF DR. GARDNER.

Reported by BENJAMIN POULTON, M.B., Ch. B. Melb, M.R.C.S.

Diffused Aneurism of Facial Artery. (L.)—Cure.

F. P. æt 54, blacksmith, was admitted on December 11th, 1882. Two weeks ago indulged in a drinking bout, and sustained several blows on the left side of his face, which were followed by considerable swelling. States that a medical man whom he consulted incised the swelling inside the cheek and evacuated blood only. The swelling subsequently broke externally, opposite the site of the incision.

On admission, a small sloughy sore on the left cheek over the buccal region, with a corresponding opening internally. Profuse hæmorrhage into the mouth, and from the external opening on removing the bandage. Shortly after admission, (under ether) Dr. Gardner cut down upon and ligatured the facial artery below the lower border of the ramus of inferior maxilla, which restrained the hæmorrhage at once.

December 18th.—No recurrence of hæmorrhage; patient lost sight of, being removed by gaol authorities.

Malignant Ulceration of Soft Palate with Enlargement of Submaxillary Glands.

T. H. S., æt 38, engine-fitter, admitted December 25th, 1882. Three months ago noticed a "pimple" at the angle of lower jaw internally and on the left side. On examination an ulcer the size

of a split pea was discovered. From this date he was under Dr. Gardner's care, and in spite of anti-syphilitic and other treatment the ulcer steadily increased in size. On admission complains of lancinating pain extending from the throat into the left ear. His general health appears fairly good. There is no evidence of syphilis. States that he is losing flesh. There is a large soft gland under the left angle of the jaw, and an ulcer of the soft palate bordering on the anterior pillar of the fauces, about the size of a half-penny piece.

On December 29th, the patient having been placed under the influence of ether, Dr. Gardner dissected off the ulcerated portion of the palate without apparently perforating the velum. The hæmorrhage, which was free, was soon restrained. Next day patient developed an attack of gout, to which he is subject.

January 10th.—Enlargement of an anterior sub-maxillary gland, which was thought to be secondary to a slight tear in the frænum linguae caused by pulling out the tongue at the operation. Under ether the larger sub-maxillary gland was removed, and proved to be about the size of a walnut and very hard on section. Adjoining parts not apparently involved.

January 20th.—External wound healed. Palate wound nearly healed. Remaining gland under jaw increasing in size. Made out-patient.

February 9th.—Readmitted; the enlarged gland not decreasing.

February 14th.—Gland about the size of a walnut removed. Several large vessels, including a distended vein, requiring to be ligatured.

March 5th.—Discharged, all the wounds being quite healed.

Epithelioma of Tongue—Removal of Half of Tongue after Ligature of Lingual Artery—Recurrence within Eighteen Days.

J. McH., æt 41, tanner's labourer, was admitted on December 12th, 1882. About three weeks ago noticed a "pimple" near the root of the tongue on the right side, which has increased gradually since, and causes great pain at night. Has not been under treatment. There is now a malignant-looking ulcer of the right side and dorsum of the tongue, not invading the anterior half of the organ, but approaching closely the anterior pillar of the fauces. No glandular enlargement; unable to swallow anything but fluids; articulation difficult and painful;

nocturnal pain shooting up to right ear; saliva constantly accumulating; and discharges fetid.

December 22nd.—Under ether, which he took badly, Dr. Gardner tied the lingual artery in the anterior superior triangle of the neck, dividing the tendon of the digastric to give more room. He then removed with the scissors the right half of the tongue, including the whole of the malignant growth as far as could be ascertained. The hæmorrhage was trivial.

December 25th.—Up and going about.

January 9th.—Growth invading floor of mouth and fauces.

January 20th.—Considerable pain both day and night.

February 13th.—Ligature, which was unfortunately silk, still firm; great swelling under jaw and right side of neck; granulations protruding from the unclosed part of the incision for ligature.

February 24th.—Continued growth of the cancer in the floor of the mouth and great enlargement in the submaxillary region. Sent to Home for Incurables.

Note by Dr. Gardner.—This case was evidently of very rapid growth from the beginning, and was not even temporarily benefited by the operation. It however serves to demonstrate the extreme simplicity of the Walter-Whitehead method of removal of the tongue when combined with preliminary ligature of the lingual artery.

Strangulated Femoral Hernia (R.)—Relieved.

F. W. G., æt. 60, postman, was admitted on August 12th. Has suffered from a hernial protrusion in the right groin for 15 or 16 years. Has constantly worn a truss, under which the rupture has always formed a swelling about the size of a marble. Is very weak and emaciated.

On the 9th August was engaged moving heavy furniture (unusual work), and in the evening suffered from griping pains, and noticed an increase in the size of the tumour. Went to bed feeling ill, and suffered next day from severe pain in the belly, vomiting, and constipation. On the morning of the 11th passed a small hard stool, but the vomiting came on again. Unsuccessful attempts at reduction had been made by two surgeons. There is a swelling on the right side, at the base of Scarpa's triangle, irregularly divided into two portions by a constriction, tense and painful; no vomiting; constipation. An hour and a half after admission Dr. Gardner operated with antiseptic precautions.

The stricture was external to the sac. Only a small knuckle of healthy bowel was down, with a bunch of congested omentum about the size of three flexed fingers, which was removed after a catgut ligature had been applied. Gauze dressing was used until September 4th, the delay in closure of the wound being due to the separation of a small slough from the pedicle. With the exception of slight pain on the fifth day (when the temperature rose for a few hours to 100°) the patient had no trouble, and was discharged on September 26th, wearing a truss.

Acute Necrosis of Tarsus and Metatarsus—Amputation—Recovery.

W. R., æt. 14, farmer's son. Was admitted October 9th, 1882. Three weeks ago had his foot violently trodden upon by some of his schoolfellows. Is a wizened querulous boy. There are several burrowing abscesses of left foot, which is much swollen and inflamed. Free incisions under ether; cataplasma lini.

October 10th.—Bare bone felt through each of the incisions.

Patient was fed up and removed in his bed into the open air every day until the 25th, when, as the evening temperature reached 104° F., and the necrotic process was evidently extending, it was decided to amputate.

October 25th.—Under ether, and using the spray, Dr. Gardner performed Syme's operation, dissecting out the os calcis from the anterior aspect only. The tarsus and metatarsus were found extensively necrosed. The wound remained septic, and was slow in healing, but patient was discharged in good health, and with a sound well-shaped stump, on December 11th.

Note by Dr. Gardner.—The method of disarticulation adopted in this case is the one which I have invariably practised on the dead body for the last six years, and in two other cases in the living. It was first introduced to my notice by the late Dr. Rawlings (a former house-surgeon to the Adelaide Hospital), who found it taught in the Vienna School, and has been lately recommended by Mr. Savory in the pages of the *Lancet*. It has the advantage of being a much more elegant operation than Syme's original method, the foot neither requiring to be raised, nor the surgeon to stoop, to dissect out the heel flap. No assistant is required, the surgeon grasping the anterior part of the foot with his left hand. It is quicker, and the most inexperienced operator cannot possibly button-hole the heel flap.

Fracture of Ribs—Extensive Emphysema—Recovery.

F. S., æt. 59, was admitted January 5th, 1883. Brought in at 4 a.m. by the police, who state that they found him lying nude on a stone-paved stable yard, and that he had fallen from a loft 10 feet above the pavement. There is a scalp wound about an inch in length over the posterior parietal region. Fracture of 6th rib (right) and probable fracture of others. Emphysema (which prevents accurate diagnosis) of the right side of the face and trunk, which by 10 a.m. had extended to the left side of the whole of the thoracic and abdominal surface, to both arms, penis, scrotum, and both thighs: the inferior limit being the knees and the superior the temporal regions. Scrotal integuments distended to the size of a large shaddock. Two punctures evacuated the air from this region. Adhesive plaster to the right side. The scrotum soon filled, and was evacuated several times to remedy the inconvenience the enlargement caused. The emphysema of the face increased until the eyes were closed; respiration considerably embarrassed.

On the 10th January the emphysema of the face was subsiding, but it continued considerable in the trunk, scrotum, and extremities. On the 13th there was little or none in the right thigh, and on the 16th it was only observable in the integuments of the thorax, abdomen and face. Bronchitis now appeared, and was treated by *hst. seneg. et ammon. carb.*

January 20th.—An attack of gout in the right foot, which subsided rapidly under colchicum and opium, with alkaline baths. On 27th he was discharged wearing strapping, but able to get about well, and to respire deeply without inconvenience. Still a little emphysema about both clavicles.

Medical Society of Victoria.

ORDINARY MONTHLY MEETING.

WEDNESDAY, MAY 2ND, 1883.

(Hall of the Society, 8 p.m.)

Present: Dr. Burke, Dr. Griffith, Dr. Syme, Dr. Williams, Dr. James Robertson, Dr. J. David Thomas, Dr. M'Kenna, Dr. A. J. R. Lewellin, Dr. R. B. Warren, Dr. Brett, Dr. Alsop, Dr. Mullen, Dr. W. Barker, Dr. J. W. Barrett, Dr. Bage, Dr.

Balls-Headley, Dr. Neild, Dr. Jamieson, Dr. Turner, Dr. Allen, Dr. A. G. Black, Dr. Webb, Dr. J. P. Ryan, Dr. Phillips, and Dr. Gardner.

The Senior Vice-President, Dr. Burke, occupied the chair.

The minutes of the preceding meeting were read and confirmed.

A letter was read from the President, Dr. E. M. James, regretting that through illness he was prevented from attending the meeting of the Society.

ELECTION OF MEMBER OF COMMITTEE.

The Hon. Secretary announced that Dr. Moloney had resigned his position has an elected member of Committee, since he was now an *ex officio* member as an editor of the *Australian Medical Journal*. Dr. Jonasson had been elected to fill the vacancy.

PRESENTATION OF DEBENTURES.

Dr. BURKE then presented to the Society the Hall debentures which he held to the value of £25. The Hon. Secretary moved a hearty vote of thanks to Dr. Burke, which was carried by acclamation.

NEW MEMBERS.

Mr. J. S. WILSON, M.R.C.S. Eng., L.R.C.P. Ed., of Collins-street, was elected a member of the Society, being proposed by Dr. Le Fevre and seconded by Dr. Neild. Dr. Lewellin and Dr. Thomas acted as scrutineers. Two gentlemen were nominated for ballot at the next monthly meeting.

The following paper was then read :—

NOTES ON RÖTHELN.

By JAS. P. RYAN, Chevalier of the Legion of Honour.

Synonyms. Rubella — Rubeola Notha — German Measles.

Rötheln is an acute specific contagious fever having an eruption sometimes like that of scarlatina, but more generally resembling that of measles. Although described under the name of rubeola by German writers in the early part of the present century, excepting in the monogram by Dr. Robt. Paterson, of Leith, published in 1840, it was little noticed by English physicians until within the last few years. Its identity was lost in either measles or scarlatina, or it was looked upon as a hybrid of these. Indeed Aitken, in the second edition of his "Medicine," published in 1863, begins by calling it a hybrid,

but later on admits that it should be considered as a distinct affection. I shall briefly describe its symptoms, point out its differential diagnosis, and then relate a few short cases.

The incubation stage is long, viz., from ten to twenty days.

The premonitory fever generally lasts about twenty-four hours, and is ushered in by a feeling of cold or shivering, pains in the body and limbs and sometimes in the head, dryness or soreness of throat, stuffiness of nose and head sometimes amounting to well marked coryza, and by suffusion of the conjunctivæ. In some cases the invasion period is so mild as to be scarcely recognisable.

The eruption consists of slightly elevated dark rose-coloured papules, at first distinct, but gradually coalescing into patches of various sizes. It generally first appears on the chest and back, though it may be first noticed on the face, and quickly extends to the limbs, where it is less marked. The temperature, which may go up to 102° or more, rapidly sinks to normal, and by the next day the patient feels very much better, if not quite well. The eruption gradually fades, but is sufficiently noticeable for four or five days longer, as is also the sore throat, which is the last symptom to disappear in severe cases. The throat is red and mottled-looking, there may be some swelling of the tonsils, which seldom or never leads to ulceration, and there may be slight enlargement and tenderness of the cervical glands.

Desquamation does not occur except in cases in which the eruption has been very profuse, and even in these it is slight. The disease is not accompanied or followed by complications or sequelæ, and seldom results in death.

Treatment does not call for any special remark, so I shall pass on to the differential diagnosis of the disease.

Very mild cases may be confounded with one of the acute skin affections; for example, with abortive eczema papulosum; but well marked ones are more likely to be classed with measles or scarlet fever. The eruption of scarlet fever and that of rōtheln that appear about the same time, viz., 24 hours from the onset, but the former shows first on the neck, the latter on the back and chest, or face. The eruption of rōtheln is deeper in colour, tends more to mottling and patchiness, and not to the diffuse bright redness of scarlet fever. This appearance on the inside and back of the legs, knees, and thighs of scarlet fever patients is not recognisable in rōtheln. Again, the mildness of the throat affection and its continuance for several days, the rapid disappearance of fever with persistence of

eruption, and the slightrness or absence of desquamation, mark the latter. Some cases are remarkably like measles, both in their symptoms and in the characters of the eruption. But the premonitory stage is much shorter in r  theln. The suffusion of the face and eyes is not so great, nor is the coryza so well marked as in measles. Again the eruption of r  theln is lighter in colour, and less patchy and crescentic in its grouping than that of measles, and it is not so regular in manifesting itself on the forehead and cheeks. The persistency of the sore throat and rash after the temperature has fallen to normal, and the mildness of the chest affection, if there be any, also mark r  theln. It must be remembered that the throat is slightly or not at all affected in some cases. Unfortunately the notes of the cases with which I intended to illustrate this paper I have mislaid, and those described below are not so typical as I could wish.

1. Annie B., 11 years, was seen by me on the 8th of August, 1882. The pulse was 100; temp. in mouth 101  ; her tongue slightly coated, throat inflamed, tonsils not swollen, face somewhat flushed and eyes suffused. She was coughing, and moist r  les were audible over the upper part of the chest. There was a measley looking confluent rash on her cheeks, and slightly on the forehead; it was papular and distinct on the sides of the neck, chest, abdomen, back and buttocks; was well marked on back of arms, less so on the legs. She was noticed as out of sorts the morning of the day before I saw her. The eruption showed the same evening; she had been quite well on the previous day.

August 9, 10 a.m.—Pulse 80, temp. in mouth 99  ; feels all right, but she still coughs; the throat is very red, and the eruption well marked. At 4 p.m. her temperature was normal.

August 11.—Temp. normal; throat still red; chest sounds natural; cough less; and the eruption is dying away.

August 13.—Throat nearly well; eruption indistinct, but still visible on back and posterior aspects of arms. Ten days later another child about twelve years old in the same house passed through an illness almost identical in its character with the above, and before she had quite recovered the person who had been in attendance upon them, a woman of 40, went through a mild, but somewhat similar attack. She had a well-marked papular rash on the face and body and sore throat, temp. 99  . On the morning of the previous day she felt ill on getting up, and had pains in her head, back, and legs, and whilst washing

noticed the eruption on her face and chest. She was ill all day, but did not lie up, and at my visit was nearly all right, though the eruption did not die out completely for some days. I may add that all three had previously had measles and scarlatina, and there were no cases of either of these diseases about at the time.

Michael M., aged 22 years, on returning from his work on Monday, Dec. 11, felt a cold in the head and some stuffiness of chest. He was at work on Tuesday, but felt chilly and out of sorts all day; had severe frontal headache, and had no appetite whatever. About noon he first noticed an eruption on the side of his nose and cheek, and slightly on the chest. On the following morning, Wednesday, when I saw him, nearly the whole of his body was covered with a measley-looking eruption, but lighter in colour, and adhering less in patches; his throat was red; the tonsils enlarged; his pulse was 90, and temp. 100° ; glands behind both ears were enlarged and painful. Next day the temperature was normal, but the eruption and sore throat persisted for three or four days longer. He had had both measles and scarlatina.

On Jan. 10 I saw E. Q., a healthy girl of 16. The whole body was covered with a papular eruption distinct in some places; confluent on cheeks, forehead, and neck, with a tendency to crescentic grouping; pulse 96, temp. $100\frac{2}{10}^{\circ}$; throat slightly red, but not painful; she did not feel ill, and was anxious to be allowed up on the afternoon of Jan. 8; felt her head and nose stuffed as if she were about to get a cold. Yesterday morning she awoke with headache and felt ill all over, and during the day noticed the eruption on her face and hands, whence it spread to the rest of the body.

Jan. 11.—Temp. normal.

Jan. 14.—Eruption indistinct, but still visible.

Jan. 15.—Eruption no longer visible.

Dr. JAMIESON wished to mention that in the *Australian Medical Journal* for August 1873 he wrote a short account of an epidemic of Rötheln in Warrnambool. That was the first time at which he was aware of attention being called to this disease in Victoria. His curiosity was first excited by the unusual number of adults who contracted the disease, a fact which had been noticed by Trousseau in connection with Rötheln; the large number of women attacked was also remarkable. When the cases were watched more carefully, the other points to which Dr. Ryan had

alluded speedily became manifest ; for example the course of the disease was very mild, the catarrhal symptoms very slight, the sore throat always predominating over the catarrh ; then again there was the general irregularity of the eruption, and an outbreak of measles, which occurred shortly before in the same district, gave no protection from the new disease. Ten years ago the existence of R  theln was less recognised than at the present time ; now it was allowed to be a distinct disease ; but an average case might easily be mistaken for measles or for scarlatina, according to the nature of the particular cases.

Dr. JAMES ROBERTSON considered the disease a very unimportant one. R  theln was no new affection, but has been described in medical books for the last twenty years. Prior to the date mentioned by the last speaker, he remembered an epidemic in the colony which followed an outbreak of measles, the symptoms however being more similar to those of scarlatina ; the catarrhal symptoms were not so marked as in measles, but the sore throat was always present. The eruption occurred in patches of considerable size, and was of darker colour than that of scarlatina, but not running into crescentic forms like measles ; it was not generally diffused over the body, but was most marked over the joints ; and in the cases which came under his notice the eruption did not pass off so soon, usually lasting five, six, seven, or even eight days. The throat affection, too, might not terminate so soon either. When catarrhal affections were prevalent at the same time, chest complications were apt to be somewhat severe. R  theln must be considered a specific disease, because it may attack those who have already had measles and scarlatina ; he had seen such cases himself, and hence the belief often arose that a child had two attacks of measles or scarlatina. As he had already remarked the disease is very unimportant, and he had never seen a case prove fatal.

Dr. JAMIESON said that in several cases he had noticed very distinct itching of the skin during the eruption ; yet he could not think there should be any great liability to the confusion of r  theln with urticaria.

Dr. WILLIAMS said that, judging from the remarks of the various speakers, there must have been considerable variety in the disease under observation. In several cases which came under his own notice the early symptoms were rather indicative of acute articular rheumatism ; there was a redness about the

joints which bore more resemblance to arthritic inflammation than to the eruption of scarlatina. The likeness to rheumatism was specially evident in a few cases, particularly in one which was seen by several medical men; here the disease was distinctly not measles and not scarlatina. Still, on the other hand, scarlatina differs very much in different epidemics, and so does r  theln; sometimes the alleged r  theln might be a mild attack of scarlatina or measles, and after all there might not be any such specific disease; the main argument in favour of its specific character was that it afforded no protection against measles and scarlatina and *vice versa*; and the amount of evidence forthcoming in reference to the question of such protection was by no means large.

Dr. TURNER had seen much r  theln at home, but had never met with it in this colony, and could not therefore look upon it as at all a common disease. He was perfectly convinced that it was an affection *sui generis*, occasionally prevailing in epidemic form. But errors were often made in dealing with the first cases of any outbreak; the eruptions of measles, and especially of scarlatina, differ so much in various epidemics that it is easy to mistake them for r  theln. In this colony he had met with a peculiar affection which he wondered that previous speakers did not refer to; children in the hot weather go out for a run in the heat, and then develop a rash not unlike urticaria; the first case he met with was so like to scarlatina that he was in doubt about the diagnosis; and even now he felt a difficulty as to the exact position of the rash in our nosology; it most nearly resembled the rose rash described by the older writers. At first he thought it was r  theln, but this was clearly disproved when cases were watched throughout their course.

Dr. J. P. RYAN, in reply to Dr. Robertson, said that no doubt the disease was very mild; he had never heard of a death from it. This, however, rendered the diagnosis important; for example, when an eruptive fever breaks out in any school, it is very necessary to be sure of the diagnosis; to mistake r  theln for measles or scarlatina would be awkward, and might cause much unfounded alarm and annoyance. Dr. Williams seemed disposed to think that the cases described in his paper could not have been r  theln; but the eruption was truly papular in the majority of cases, often running into large patches, but scarcely ever becoming crescentic, and the coloration was not so deep as in

measles. In a certain school he once met with ten or eleven cases, the notes of which were unfortunately lost; the heads of the institution quarrelled, one saying it was scarlatina, another that it was surely measles; he himself was puzzled at first; there were no marked cases of either measles or scarlatina, the symptoms agreeing however with those of r  theln.

The next paper was entitled :—

NOTES ON THE TREATMENT OF TYPHOID FEVER.

By DUNCAN TURNER, L.R.C.P. Lond., L.R.C.S. Edin., &c.

Mr. President and Gentlemen,—In bringing this subject before the Society, I may mention at the outset that I have nothing very new or startling to communicate regarding the treatment of this important disease. At the same time I do not feel that any apology will be expected at my hands for introducing this subject to-night, when we remember the duty that we owe to our fellow-labourers in the fields of science in other parts of the world, who lack the extensive and favourable opportunities which we possess of studying this particular form of continued fever—which I think I may fairly characterise as “endemic” throughout the Australian colonies.

That the disease, gentlemen, is really such as I have described, needs I am sure but little proof beyond a reference to your own individual experience, which I believe will show that it appears and re-appears with constant regularity every autumn, and that every native-born Australian is as likely to pass through it as he is likely at one time or another to suffer from the measles or whooping cough.

Another reason why I bring this subject before you is the wonderful diversity of opinions that has long prevailed amongst medical men in all parts of the world with reference to the treatment of this disease, and the ridiculous ideas upon that subject that have from time to time been promulgated in the various journals. We glory in the complete democracy of our profession, but that like most other good things is not an unmixed blessing, and I much fear that not a few lives are lost through the ignorance or conceit of the medical attendant, who either has some favourite specific to which he pins his faith and practice, or else insists on trying the last new remedy that has been recommended in the journals.

Gentlemen, no man more readily or gratefully admits than I do the obligations under which our profession lies to those who labour in the fields of medical literature; but having regard to the importance of the subjects discussed, and the momentous interests involved, one is often forced to exclaim with George Eliot, "blessed is the man who having nothing to say will abstain from giving us wordy evidence of the fact."

I am prompted to these observations when regarding the almost innumerable treatises, periodicals, and pamphlets which of late years have flooded our libraries, containing the different and often totally irrational opinions and methods of treatment held and adopted by practitioners in various places. One man trusts exclusively to cold baths, another to carbolic acid, a third to salicylate of soda, and so on, scarcely a new journal coming to hand which does not contain something novel and absurd concerning the treatment of enteric fever.

Among so many conflicting authorities, a young man beginning to practise may well be puzzled which to follow, and be sorely tempted to fold his hands and trust his patient to nature alone.

Gentlemen, it is one of the principal objects of this paper to record briefly what system of treatment, so far as I have been able to judge, has best stood the test of time and experience, and thus in some measure to help to narrow down within defined limits the multifarious opinions and theories that have from time to time appeared upon the subject.

Prophylactic treatment is too wide a subject to be dealt with in a paper like this. I will therefore content myself by giving an outline of the treatment to be followed in the ordinary run of cases, without entering far into details as to the various complications that present themselves in different patients during the course of an attack.

For the better understanding of the subject I have divided the discussion of it into three heads—*First*, treatment by medicines (including alcohol.) *Secondly*, treatment by baths. *Third*, treatment by diet and nursing.

First, then, let us briefly notice the "Treatment by various medicines." There can be no doubt that typhoid fever is often greatly aggravated by injudicious medication in the early stages. In this country the favourite remedy with the laity is Cockle's pills, and we seldom find a patient applying to us for aid who has not at his own instance swallowed a few of them on the supposi-

tion that his complaint is only a bilious attack. The bowel irritation set up by this and other similar remedies does a great deal of harm, and is often quite sufficient to convert what would otherwise be a mild case into a very severe and dangerous one.

When a patient comes to me suffering from symptoms pointing to typhoid, I prescribe a mixture containing quinine in grain doses dissolved in lemon juice. I give this effervescing with bicarbonate of potash in 15 grain doses, and have found that under this treatment a large number of cases, which I have no doubt were mild typhoid, abort, but whether the remedy has anything to do with this result I am not prepared to state. That typhoid does occasionally abort is admitted by all writers of any weight on the subject, but we have not yet sufficient evidence to show how far remedies themselves contribute to this end. When the temperature does not rise above 102°, I give chlorate of potash with syrup of lemon, or some such simple remedy; and I believe that at least one-half the cases that occur early in the season will do well on this treatment, as indeed they probably would without any medication at all. When the temperature is over 102°, I need hardly tell you that quinine is the remedy most to be relied on; indeed, it may safely be regarded as our sheet-anchor in the treatment of this fever.

Here we have a medicine that combines three essential qualities, viz., antipyretic, antiseptic, and non-poisonous. We can give it in unlimited doses without fear of consequences. Why, then, may I ask, should we fly to the use of poisons, such as carbolic acid, iodine, and sulphate of copper, or such depressing and uncertain remedies as the salicylates and sulpho-carbolates, when we have in quinine all the good qualities of these remedies combined, without any of their dangerous properties or drawbacks?

In my own practice I generally give quinine in two-grain doses in a pill, with extract of taraxacum, to be repeated every two, three, or four hours, according to the severity of the case; large doses given once or twice a day are as a rule to be disapproved, though in some cases they are necessary when the exacerbations are severe and come on with tolerable regularity, in which case doses of 20 to 30 grains may be given twice a day with safety.

Next to quinine, digitalis is an excellent remedy; I give it in powder in half grain doses along with the quinine. Occasionally one-sixth of a grain of extract of aconite combined with the digitalis will be found useful when the pulse is unusually quick,

and when the accurate dispensing of the chemist may be relied on.

When baths are not obtainable for reducing the temperature, considerable benefit will often be found in giving alternate doses of salicylate of soda with the quinine and digitalis. There can be no doubt that the different salicylates are more powerful to reduce temperature than quinine, but they are too depressing, and, as has been abundantly proved, have no effect in cutting short the disease.

The acids, such as sulphuric, nitric, and muriatic, are all useful in the treatment of continued fever, and in mild cases may occasionally be employed with very satisfactory results, but for general utility they cannot of course for one moment be compared with quinine, and they also interfere with the milk diet which is so essential to a patient in this disease. Sulpho-carbolate of soda, so much praised by some writers, I consider as of doubtful utility. When gastric symptoms supervene it is unquestionably of advantage, but its liability to affect the brain renders it inadmissible in the majority of cases.

The question of giving sedatives to a delirious fever patient was one which sorely puzzled me in the days when we were dependent on opium alone as a hypnotic. I often found good results, as other practitioners did, from full doses of this drug in its various forms, but not unfrequently I had reason to think that actual harm ensued. I am glad to say that I have no longer any doubt on the subject, for with the aid of chloral and bromide of potassium we can always secure a few hours refreshing sleep to the patient, which materially aids his chances of recovery. Nor should reliance be placed upon one sedative alone; a combination of narcotics will sometimes have the happiest effect when a single one fails. My favourite formula for a sleeping draught in typhoid is:

Chloral Hydrat.	-	-	15 grs.
Liq. Morph.	-	-	15 m.
Potass. Bromide	-	-	3 ss.
Peppermint Water	-	-	3 iss.

I have seldom found this to fail. As a rule, however, it is better to do without sedatives altogether if the patient is tolerably quiet and able to get short sleeps, especially when there is an intelligent nurse at hand to use the bath.

The question of giving stimulants in fever has been discussed very often, and with some bitterness. So far as my own experience

has gone, I entirely agree with Murchison that young patients as a rule do not require them, but patients over thirty invariably need small quantities in the latter stages of the disease. Heroic doses are to be disapproved of, but I am sure that many cases would not recover without a certain allowance. The quantity to be given must, of course, greatly depend on the patient's previous habits and temperament.

It would be impossible, as I have said, in a short paper like this to discuss the many complications that follow in the wake of typhoid fever, but a few of the more common ones may be briefly mentioned.

Vomiting is occasionally a very early symptom, and a very troublesome one, weakening the patient to a serious extent, when we want to conserve strength by every means in our power. For this give two grains of oxalate of cerium, with half a grain of calomel every two hours, and apply a mustard poultice over the region of the stomach. If the patient is weak and accustomed to stimulants, small quantities of champagne (iced) may be given. Either one or both of these measures has seldom failed me in checking this troublesome symptom.

For *bronchitis* I simply rely on counter irritation by mustard poultices, or some stimulating liniment. It is a mistake to give either alkalies or any of the vegetable expectorants, which are liable to irritate the bowels.

Pneumonia may be treated with salicylate of soda and digitalis in moderate doses, with counter irritation.

Diarrhœa generally yields to subnitrate of bismuth and Dover's powder, with due attention to diet and absolute rest.

For *Tympanitis* I give small doses of carbolic acid in pill, about a grain every two hours; or if it is the larger bowel that is distended, use a few grains in an enema, with two or four ounces of tepid water. But the chief means I place reliance on to counteract this dangerous symptom, is to adjust a firm compress round the body, thus giving support to the bowel that is partially paralysed from distension.

For *Hæmorrhage* I give small doses of opium, with some astringent iced drinks, and enforce absolute rest. If these fail, I prescribe turpentine if the stomach is able to bear it, but if not I give small doses of Battley's liq. ext. of ergot subcutaneously.

Secondly.—We now come to the second head of the discussion, viz., "Treatment by Baths."

Since the discovery of the clinical thermometer the treatment of fever has undergone a fresh phase, and this instrument, like most new discoveries in medicine, has been made a hobby and ridden to death. So much so indeed that of the many elaborate treatises on temperature in fever published within the last few years there are but few which have not already been consigned to the dust and silence of the upper shelf. To read the various modes of treatment recommended in these publications, one would think that the abstraction of heat, by whatever means fair or foul, was the sole object to be attained, but this is a great error. Some of you in this room will doubtless remember the time when no clinical thermometer was carried in the waistcoat pocket, and yet I doubt if the cases of that day fared any worse than those of more modern times; not, gentlemen, that I by any means despise the use of the thermometer; I would indeed be very sorry to be without it; but I entirely dissent from the doctrine that study of temperature is all in all in the treatment of fever.

The outcome of this study of temperature has been the treatment of fever by cold baths, so much spoken about four years ago, and I believe still used in Germany almost to the exclusion of every other remedy.

That we have in the cold bath an excellent, and when properly administered a most useful therapeutic measure in the treatment of typhoid, I think no one who has had experience of it will deny; but this very question of proper administration constitutes our great difficulty. The cold bath, like most remedies of its class, is a fruitful source of evil when improperly or unskilfully administered, and in my opinion it is far better to trust less dangerous remedies when (as in the majority of cases) we have not skilled attendants at hand.

Even an educated nurse, unless she has had a special training for it, cannot give a typhoid fever patient a bath with safety, and for a medical man to superintend the bathing of a patient twice or thrice daily, unless under very exceptional circumstances, is of course out of the question. In country practice, where probably we should have to send ten miles to get a bath, and when obtained have no one at hand competent to use it, I need hardly say that we can seldom or never avail ourselves of its use. In hospitals

and other similar institutions, where skilled attendants are always present, the cold bath is an excellent remedy, though I fear even there that lives have been sacrificed to over-zealous, bathing and to put a patient into a bath simply because his temperature is a little over 102° is simple cruelty.

My own practice in this particular is this—that when I find quinine and other remedies fail me, I order the use of the bath, taking good care that the process is superintended by some competent person or by myself.

As a rule, however, I do not resort to baths for the simple abstraction of heat. I find quinine and other remedies will effect that more safely and better; but when the life of a patient is threatened through sheer exhaustion from restlessness and want of sleep, perhaps no other remedy equals the bath to calm the nervous system, afford an hour or two of refreshing sleep, and give a patient at the very gates of death a little breathing time to recruit exhausted vitality, and tide over a dangerous period of his illness.

I need hardly mention that I approve of the bath as administered by Ziemssen, that is, to put the patient in a bath about 95°, and gradually reduce it to 75° or 70°, which I think sufficiently low for all ordinary purposes, anything lower being apt to give the patient a shock from which it might be difficult for him to recover. What is to be said then in favour of baths in the treatment of fever practically amounts to this, that they are in themselves a valuable addition to our means of combating the disease, but from the danger and difficulty of application they are only occasionally admissable, and in fever as we see it in this country their use can ordinarily be dispensed with.

The cold or tepid pack, moderately used, is another useful measure for reducing temperature and soothing a patient. But the method recommended in hydropathic books, such as changing the pack three or four times daily, and after each change dashing several pailfuls of cold water on the unfortunate sufferer, is far too cruel a method of treatment. My own practice is to order a pack of fifty minutes duration twice or thrice in the 24 hours, and the patient to be well rubbed after it is taken off. I may add that I prefer the sheet to be wrung out of tepid water. Cold or tepid sponging is yet another method of reducing temperature and soothing the patient, as well as of keeping him clean, that never should be neglected, even when the temperature is moderate.

It is well to add a little disinfectant to the water used for this purpose, and carbolic acid is perhaps the most suitable when there are careful nurses in charge. In cases where there is much wakeful delirium, iced water applied frequently to the head is an excellent remedy, but to be of any service it must be done systematically, not in the slovenly fashion we frequently see, left on for an hour, so that when removed the patient's head is really hotter and more feverish than before.

Third.—The consideration of "Treatment by diet and nursing" is the third and last division of our subject.

This part of the treatment of enteric fever I consider of much more importance than either medicines or baths. Here, as well as in the medical branch of the subject, authors have rushed into extremes. We have Dr. Graves, who fed fever patients, and Dr. Bell (a distinguished teacher of my own), who starved them. As usual, the truth appears to lie between the two extremes.

To diet a patient properly is often of greater consequence than medicine, and injudicious food will do more harm than poisonous drugs. For myself, when called to a case of fever, I stop all solid food at once. If diarrhœa has not already set in, I order beef tea for a day or two. When the bowels show indications of irritation I substitute chicken broth, to be continued for a few days until tired of, and then changed to veal broth. These three soups are generally sufficient to carry the patient through. For young persons I prefer milk and lime-water in equal parts, and even in the case of grown-up people I order milk if they are not taking acids at the same time. Milk should never be given without an alkali in typhoid fever, for a hard curd formed in the stomach is apt to irritate the tender bowel, and so aggravate the disease.

Should all of the fluids mentioned disagree, and the diarrhœa be excessive, I order the juice of raw beef or mutton cold in tea-spoonful doses frequently repeated. I have found this very effectual in many cases.

Rest and general nursing are most essential parts of treatment. I believe that by far the larger number of deaths from typhoid are to be attributed to some indiscretion in allowing the patient to get out of bed whilst in the middle of an attack, or in conveying him for some distance for treatment. This also will account in part for the greater mortality in hospitals, whither a patient is often removed several miles in a jolting vehicle, and it is observable that those who take violent exercise during the first stage of the

disease, when they think they are suffering merely from a cold, and that a good walk and a sweat will work it off, usually turn out severe and protracted cases. My own invariable rule is to get typhoid fever patients to bed, and keep them there until such time as all symptoms except debility have passed off, and even then I prohibit too early driving out or travelling in trains, having seen more fatal relapses from these causes than from any other.

It would have been interesting to lay before you, gentlemen, some statistics of recovery and death in cases of typhoid fever occurring in this country, but the limit of time allowed me is already over-reached. I may however mention before concluding that in my own colonial practice the average death-rate for the past six years (embracing upwards of 200 cases) has been five per cent., excluding aborted cases and those of simple fever not lasting more than about a week.

The average named is very much lower than anything I have seen recorded in hospital statistics, one reason for which I have already adverted to, and moreover, the mortality in hospitals is from other causes uniformly higher than that observable in a private practice. I may likewise add that the type of enteric fever I have observed in this country is of a much milder character than that which I was in the habit of seeing in England, where I had for some years considerable experience of the disease. I regret, however, that I failed to keep any accurate record of the mortality occurring in my practice there, although I know that it was considerably higher than what I have just mentioned.

Dr. WILLIAMS said that he disagreed with a number of points advanced by Dr. Turner; in the first place, it was scarcely fair to contrast the death-rate from typhoid at Moonee Ponds with that in the Melbourne Hospital or other similar Institutions; cases are rarely brought to the Melbourne Hospital until they are very bad, and in fact, the hospital simply relieves the various surrounding districts of their worst cases. Again, he was sorry that Dr. Turner should be so severe about the thermometer; for himself he did not hesitate to say that without taking the temperature carefully we do not know how to treat typhoid; Dr. Turner admitted that if the thermometer registered 102° he gave quinine; now in his own wards at the hospital, until the temperature rose to 103° the treatment, as regards medication, was simply *nil*. As to diet nature herself provides certain safeguards, for typhoid patients are

seldom inclined to take more than milk, and that is all the diet required by many of them ; the directions concerning diet given in the paper were doubtless such as all would agree to. Lately indeed some medical men have been recommending a solid meat diet ; he did not know how patients would get such food down ; in fact, he generally fixed the date of the onset of fever by the disinclination for solid aliment. As to baths, he could not understand what Dr. Turner meant without temperatures ; in his paper he mentioned 102°, and Dr. Cayley in his brochure, recently published, also recommended the use of baths when the temperature rose to 102°. This he considered decidedly unnecessary ; the following was the practice adopted in his wards :—whenever the temperature reaches 104° some mode of cooling the body is used, either bathing, packing or sponging, and the treatment must be repeated whenever 104° is again recorded. Quinine is sometimes administered at the same time. Salicylates he seldom used, as they caused great depression. To reduce temperature, however, quinine must be given in more than two-grain doses ; in his wards ten to twenty grains were given, and a decided fall of temperature followed. To his mind, typhoid patients should be divided as regards treatment into three groups : first, with a temperature below 103° keep the patient in bed, and give milk and liquid nourishment ; above 103°, touching 104° or 104·5° at night and going down well in the morning, cold sponging should be used ; with higher temperatures cold baths should be employed, and when the thermometer registers 105° it is simply not safe to omit the graduated bath. As to complications, no doubt all members would be pretty much in accord with Dr. Turner. At the very beginning of an attack it was very useful to give something to act quietly on the skin, such as the *haustus ammoniæ acetatis* of the hospital pharmacopœia, which often relieved all the symptoms ; in private practice he gave a few such doses at first, and then ordered a dose whenever the skin felt dry. A bottle containing twelve doses would last through the case.

Dr. BALLS-HEADLEY thought the Society was indebted to Dr. Turner for introducing so important a subject, especially in a year when typhoid was unusually prevalent and severe. He was rather disposed to consider the matter from another standpoint, and look to the causes from which patients were likely to die. Most private cases seen at an early stage do well with simple

attention to diet. Putting aside mild cases, there is a tendency to death from three main causes: (1) Great height of temperature, if persistent for some time, will kill patients, and that very fact imperatively calls for appropriate treatment; (2) the progress of ulceration may prove fatal; and (3) death may occur from pure weakness. Firstly, then, when the temperature reaches 105.8° the patient is very ill, and some will die at that, or even lower. Before that, when the body heat reaches 103° , or even 102° by mid-day, we should operate on the patient by one of two means; sponging is not very effective, but should be done in every case; baths are difficult to apply; but in any private house a half wet and half dry sheet can be applied at intervals, reaching from the armpits to the lower part of the body, and kept on for two hours; then two hours interval may elapse; then another application, another interval, and a final pack again at bed time; by morning the temperature will be found decidedly reduced. The wet sheet usually sends patients to sleep with the greatest ease. The ice-cap must not be forgotten; it is comfortable, easily applied in any house, and it materially cools the body. If typhoid still runs on, baths may be used, but before adopting such a procedure a better use may be made of the wet sheet, as described in Thomas' recent book: the patient is placed upon a webbed stretcher, a few inches below which is a waterproof arranged on a slight incline, from which the overflow of water is caught in a bucket; the shoulders and legs should be well covered with blankets, and hot bottles may be applied to the feet; water should then be poured over a sheet which surrounds the trunk, first at 90° , then cooler and cooler as may be required. In cases where the temperature is still higher, general baths should be used. As to quinine, small doses do not do much good; ten grains given at three or four o'clock in the afternoon are very likely to prevent any excessive rise; if the temperature be very high, some give twenty or thirty grains at once, but this is apt to cause much head trouble; it is better to administer ten grains at 3 or 4 p.m., and another ten in the morning; this will not disagree with the patient, and will be sufficiently effective. Salicylates he thought were only admissible with patients of very strong constitution. Secondly, the extent and depth of the ulceration are most important; he took the temperature to be generally descriptive of the progress of ulceration, and the treatment of ulceration to be mainly dietetic. If the temperature rose

he looked carefully to the diet, a milk diet being best of all. With diarrhoea the milk should be given warm ; but if there were no diarrhoea this was not essential. An ordinary patient would take at least two quarts daily. Mutton or chicken broth might also be used, made with pearl barley, but beef-tea was irritating and injurious. Thirdly, as to death from weakness, Chossât shows that if body weight be reduced to two-fifths of the normal, an animal must necessarily die. Stimulants, if required at all, should be given in very small quantities ; lately with a patient emaciated almost to bare bones, six ounces of brandy were the extreme amount that could be given daily, and a better result was obtained by taking off an ounce or two. One of the nicest stimulants is made by adding two glasses of sherry to a pint of boiling milk, and straining ; the patient will take one or more pints of this in twenty-four hours. In severe cases we must protect patients from death by bedsores ; water beds should be used, and the back carefully sponged with spirits of wine or brandy, or resin plasters applied. After apparent convalescence the diet must be carefully regulated, so as to avoid relapses. In all these ways we should try to keep the patient alive so long that he may have time to recover.

Dr. ALLEN dissented from one remark which had fallen from Dr. Headley. He believed that the range of temperature was not by any means a certain index to the amount of ulceration present. He had seen cases of widespread deep ulceration in which the temperature was comparatively low, and on the other hand cases with persistent high temperature in which the intestinal lesions were slight, being limited to a few ulcers (perhaps only one) close to the ileo-cæcal valve, or to simple intumescence and pitting of Peyer's patches. He did not believe that the intensity of the fever was governed by the amount of local lesion present in the ileum. The specimens of typhoid which he exhibited at the last meeting of the Society, and others which would presently be shown, would serve fairly well to illustrate his contention, but other much more striking examples could be adduced if necessary. In fact high temperatures were clear proofs of danger, but low ones were no sure proof of safety. The present outbreak of fever had been widespread and very fatal, and he had been forcibly impressed with the number of fatal relapses which had come before him in the Pathological theatre. Several cases of secondary local tuberculosis had also occurred,

with miliary deposits in the sub-peritoneal tissue opposite the typhoid ulcers.

Dr. JAMES ROBERTSON, after alluding to the importance of the subject, said that from his own point of view the treatment of typhoid fever had not undergone much change for the last twenty years. His general plan was to treat cases according to the special indications present, and to guard against complications. At the outset it was sometimes difficult to be sure of the character of the disease; and he believed that the thermometer was the only certain guide to diagnosis in the very early stages. It had been said that some cases abort, ending suddenly after eight or nine days, but it was questionable whether these could be considered typhoid at all. But if during the first few days the temperature rises decidedly from morning to evening, and then diminishes in less degree towards morning, then rising decidedly again, for example rising from 99° to 101° the first day, falling during the night somewhat, and then rising two degrees again next day and so on, the diagnosis was perfectly sure. Too great importance could not be laid on early diagnosis, for success in treatment largely depends upon it. With a case thus recognized during the early stage the main elements of treatment were maintenance of the recumbent posture, careful dieting and good nursing. The diet should be liquid from the first, and should consist principally of milk, with farinaceous matter, chicken broth, &c. He did not object to beef tea; if there were a tendency to relaxation of the bowels, some farina or isinglass might be added to the beef tea. A high rise of temperature was due to the effect of the poison on the system, and the bowel lesions were generally in accord with the rise of temperature; if the lesions were severe, the temperature was usually high. During the recent epidemic, hæmorrhage had been frequent among the patients in the hospital, more so than in any former year; on the other hand, perforation was not so common as in former years; but the disease was not now so severe as at the beginning of the epidemic. As Dr. Williams had remarked, typhoid is more apt to prove fatal in patients who are not admitted until the second or third week. Concerning the tendency to death, Dr. Balla-Headley had referred to a high range of temperature; at a very early period this would be due to the fever poison, but at a later stage it would accompany intense local lesion. Then there was death from asthenia, and from various other causes, such as

hæmorrhage or severe ulceration, sometimes so deep as to expose the muscular coat or leave only the peritoneal coat entire. Asthenia was the most common cause of death, or asthenia and coma combined. If the patient survives until the third week, the heart's action becomes very feeble, hypostatic congestion may set in, and at last prove fatal; in many cases lately admitted, decided lung complication was already present; this is partly conditioned by the peculiarities of the season, being specially apt to occur when catarrhs are prevalent. Wherever there is the least tendency to hypostatic congestion, the patient must be prevented from lying on his back. The weakness must be combated by good nursing and dieting, and when necessary by stimulants. Alcohol is not necessary in all cases, but when there is a failing heart, with weak pulse and dry tongue, it must not be withheld; only by a general supporting plan of treatment can we preserve the patient alive through the period of danger. If recovery ensues, the healing of the ulcers is slow, and convalescence protracted; care must be exercised in the diet for weeks; nourishment must still be as far as possible liquid, consisting of milk, eggs, farina, chicken broth, beef tea, &c., until the intestinal lesions be to some extent healed. The rate of mortality claimed by Dr. Turner, only five per cent., was unusually small; he was not aware of the number of cases dealt with, but such a result was not surpassed, he thought, by any mode of treatment; in fact the percentage was so small as to lead one to suppose that some mild cases of fever must have been mistaken for typhoid. It would be well to learn the time that the cases took to run their course. From time to time various specifics had been brought forward, but each one soon passed into oblivion and another was introduced; thus the sulpho-carbolates were vaunted as destroying the bacilli of typhoid and being therefore specifics for the disease; but in the hands of other enquirers they failed and were soon lost sight of. He did not look for a specific for typhoid, any more than for measles, scarlatina, and similar diseases. In previous years he gave quinine largely, and thought he cut cases short, but subsequent experience undeceived him; a full dose is required to reduce the temperature, and though the fall does come it is not permanent; the temperature soon rises again, and the disease runs its course. Salicylates were open to the same objection, and in addition were decidedly debilitating. The true indications for treatment were to support the strength, to treat symptoms as they arise, and to guard against complications.

Dr. BURKE did not agree with Dr. Robertson that temperature bore a constant proportion to the ulceration. He remembered a case with a temperature never beyond 100° , who nevertheless died of typhoid ulceration. In another case with hyperpyrexia, wet packs and other remedies were necessary, the temperature remaining at 105° for several days without falling, yet recovery followed. In his fatal cases the temperature never ran so high as to lead him to think that body heat went *pari passu* with ulceration. He would like to see boroglyceride tried in typhoid; he had found a saturated solution exercise a magical effect in ulceration of the rectum.

Dr. J. P. RYAN quite agreed with Dr. Allen that temperature was not a safe index to the state of the intestines. There might be persistent low temperature, and yet death with extensive ulceration. In every case there were two chief elements, the fever and the ulceration. It was useless to medicate with any intention of cutting short the fever or even modifying it to any great extent. No medicine has any influence on the disease in itself. Among the modes of reducing temperature he preferred the milder ones; the ice-cap will effect a reduction of one to three degrees, and its use might be frequently repeated. Cold and tepid sponging were most useful, and sometimes the graduated bath; these methods were all safe. Quinine certainly brings down the temperature, but very large doses, he thought, depressed the heart. In ordinary cases, seen at an early stage, rest in bed was sufficient, with quietness, fresh air, abundance of light during the day time, and strict attention to diet from the first. The thermometer was most useful; a patient might present himself with apparently a bilious attack, the pulse being under 80, but if the thermometer showed 100° very valuable information would be gained; for lack of this precaution, purgatives were often given to patients sickening with typhoid. The main tendency to death is doubtless from asthenia; there is no other fever in which such a reduction of weight occurs as in typhoid; this fact, with the state of the intestine, points out the need of careful diet and nursing. It is no good giving general directions, for the quantities and times in which food is administered is almost as important as the quality. Articles of food should be given which contain the largest amount of nutriment and the least of useless matter. Milk with tapioca, and other farinaceous foods was the best possible diet. Nessler's food was very good, with water or milk

and water. Beef tea and soups in great numbers caused diarrhoea. If broths are given, there should not be much tendency to diarrhoea; they should be very carefully made from cold meat, cut up small, placed in cold water, and then heated. As to stimulants, most authorities, now hold the moderate view that in the majority of children and young adults they are not wanted, but that at the later stages, especially in older people, they are often necessary. Dr. Corrigan, he believed, was doubtful as to the efficacy of stimulants in any case. Flushing of the face and fulness of the vessels during their administration should always be a warning either to discontinue them or to diminish the dose. After the third week no doubt attention to position was very important, so as to avoid bed sores and congestion of lungs.

Dr. BALLS-HEADLEY explained that he did not mean that because temperature was high there must be large ulcers; but when the temperature is running its ordinary course, any sudden increase is often due to improper diet with consequent irritation and increased activity of ulceration.

Dr. TURNER, in reply, considered that on the whole there were very few differences of opinion, and on some points he might not have made himself understood. He did not mean for one moment to compare the mortality in hospitals with that in private practice, the latter being always lower, especially in country districts; moreover the practitioners who had spoken during the evening saw many cases in consultation which were all sure to be bad. All the mortality rates given in books, too, were probably derived from hospital statistics, or from the history of severe epidemics. But the endemic fever commonly seen in Autumn is mild, bad cases occurring only now and then. When typhoid breaks out in a family the earliest cases are usually very severe; other members of the same family, if they take it at all, have it very mildly; there must be some explanation of this fact, though he could not give it himself.* At first he thought of dividing his paper into sections according to the different modes of death, as Dr. Headley now suggested; perhaps on the whole

[* The explanation is doubtless to be found in the varying degree of individual predisposition; those in whom the "second factor," the personal tendency, whatever it may be, is largely developed, will suffer more surely, earlier and more severely than others in whom the predisposition is slight. Typhoid, too, is one of the fevers in which the influence of personal and family idiosyncrasy is most marked.—ED.]

it would have been better. As to temperature, he by no means despised its teachings, yet it was not everything; during his six years of practice in Australia, he had treated two or three hundred cases of typhoid and only one died of hyperpyrexia; that one died in a cold bath, and the speaker, with a distinguished member of the Society who attended the case in consultation, were credited with killing the patient. In the great majority of cases, the tendency to death from simple hyperpyrexia was very small; if the temperature be 104° with no complications we think nothing of it. The pulse is more often valuable as a prognostic than the temperature; a patient with temperature of 104° and a pulse of 90 may be all safe; but with a temperature of only 100° or 100.5° and a pulse of 130 he is in a very bad way, having in fact very little chance of recovery. He agreed with Dr. Allen that there was very little relation between the lesion of the bowels and the range of temperature; but, as Dr. Headley remarked, the temperature can always be sent up by giving improper food. He was surprised to hear from Dr. Robertson that the treatment of typhoid had not altered for twenty years; quinine was not spoken of twenty years ago; it was not a specific, and it would be long before one was found, but still it was confessedly useful. Again, baths were mentioned by Currie in time past, but they fell into disuse long before twenty years ago, and were revived about ten years ago by German practitioners. Hence quinine and baths, two of the most popular elements of our present treatment, were not at any rate much spoken of twenty years ago.

EXHIBITS BY DR. ALLEN.

Dr. ALLEN then exhibited the following specimens, of which he furnishes the following histories and descriptions:—

I.—Multiple Intussusception.

This specimen consists of a portion of small intestine, slightly over three feet long, in which there are no less than ten distinct intussusceptions, another, the eleventh, being situated at a distant part of the small intestine. In six instances the invagination has taken place in a downward direction, the upper portion of the intestine passing into the portion below; but in two instances the process is double, intussusception taking place both downwards and upwards at short intervals, so that the

included portions of intestine met within the sheath of bowel which enclosed them. In no instance, not even in the double specimens, did the whole invagination measure more than an inch in length. There were no adhesions between the opposed serous surfaces, nor any alteration in colour of the affected parts. The bowel itself was in a state which favoured the occurrence of intussusception to the utmost, dilated inelastic portions succeeding abruptly to narrow contracted ones. There was no invagination at the ileocaecal valve.

The specimen was obtained from a little boy two years old, who was cut for stone by Dr. Beaney. After the operation he vomited frequently, and could retain no nourishment even by enema. At the autopsy the ureters and pelves of the kidneys were found much dilated, with ulceration of the bladder and pyelo-nephritis.

II.—Discoid Carcinoma of Mesentery—Cancer involving the Semilunar Ganglion.

Four specimens are here shown. The first exhibits six rounded discs of scirrhus growing in the mesentery along the intestinal border, and gradually invading the wall of the bowels. The discs vary in diameter from under half an inch to over an inch. Their surfaces are either flat or slightly cupped or lowly convex. The larger ones are closely connected with the walls of the bowel, projecting into its interior as lowly rounded eminences. The mucous membrane covering these eminences is in many cases bound down, purplish, and abraded, as may be seen in the second specimen. The third specimen shows similar discs of cancer in the peritoneum along the inner edge of the descending colon, with others unconnected with the intestine, the peritoneum being also thickly studded with small rounded nodules of cancer.

The fourth of these specimens shows the right semilunar ganglion involved in a flattened cancerous growth, an inch and a quarter in greatest diameter, and nearly half an inch thick; the ganglion is firmly adherent to the upper part of the growth, and is in fact incorporated with it, some of its efferent nerves passing out through the tumour.

These specimens were removed from J. S., æt. 50, who was admitted under the care of Dr. Robertson on April 23rd, 1883. He stated that his illness commenced in November last, with a

sense of fulness after meals ; lately he had been rapidly losing flesh, and had become deeply jaundiced ; he was much troubled with vomiting, especially about an hour after meals. The bowels were generally confined. On admission, the patient was much wasted, deeply jaundiced, with obstinate vomiting, the ejected matter being mostly composed of bile, with partly digested food. There was great pain over the abdomen. The urine was loaded with bile pigment, and of specific gravity 1025. Death occurred six days after admission.

At the autopsy the liver was found thickly studded with scirrhous nodules of varying size, some small gray and homogeneous, others larger with opaque yellow granular centres ; many projected on the surface of the organ, some being distinctly cupped. The small omentum was greatly thickened and indurated, the malignant growth completely involving the gall-ducts and pressing upon the portal vein, many of the branches of which within the liver were occluded by soft granular brownish-red clot. The stomach was bound firmly to the liver, and its walls were much thickened, the outer coats being extensively infiltrated by carcinomatous growth, while the mucous membrane was little affected ; the cardiac end was chiefly involved being matted to the liver by a soft sloughing carcinomatous mass. The general peritoneum was studded with small nodules of firm grey growth, and its cavity contained a small quantity of turbid blood-stained fluid.

III.—Large simple Cyst of Liver.

The back of the right lobe of the liver is occupied by a simple cyst nearly five inches in diameter, of rounded form, flattened slightly from above downwards. Its wall is thin smooth and fibrous, marked by broad opaque bands, which divide into anastomosing branches. These bands correspond to the main trunks of the hepatic vein and their ramifications, which lie immediately beneath the wall of the cyst. The cyst abutted immediately upon the convex surface of the liver, from the coronary ligament behind for the space of four inches forwards. It was here bounded only by its own wall and by the thickened capsule of the liver. It did not project in any noticeable degree from the surface of the organ. Its contents were clear fluid, without any trace of gelatinous membrane.

This specimen was removed from F. P., a Prussian, æt. 81, who was admitted under the care of Dr. Motherwell on April 24th,

1883. He was suffering from incompetence of the auriculo-ventricular valves, with fibroid kidneys, nutmeg liver, and general dropsy. There was no pain over the liver. Death occurred on the 30th inst.

Note.—Small simple cysts are not uncommon in the liver, but seldom attain a diameter of over half an inch. Such a cyst as that here shown is quite unique in my experience, and must be carefully distinguished from hydatid disease. It is analogous with the simple cysts seen in the kidneys, the ovaries, and more rarely in the spleen. Several cases are quoted by Harley in his recent work on "Diseases of the Liver" (1883), page 1010. Murchison relates a case of multiple suppurating cysts in the liver in which no hydatid elements could be discovered ("Diseases of the Liver," second edition, page 243).

IV.—Patent Foramen Ovale in Adult.

The heart is large, weighing $16\frac{1}{2}$ ounces; the left ventricle somewhat dilated and greatly hypertrophied; all the other cavities of the heart somewhat enlarged. The valves are all competent, the mitral containing opaque yellow patches, but without any marked thickening. The foramen ovale is patent, presenting a valvular orifice almost three quarters of an inch in length, guarded in front towards the right auricle by a free crescentic fold of membrane.

This specimen was removed from A. T., æt. 59, who was admitted under the care of Dr. Motherwell on February 27, 1883; she was suffering from epileptiform fits, which occurred several times a day; she was very weak, with marked delusions, pain and stiffness of the limbs, and relaxation of the sphincters. The history however is very imperfect. There was no noticeable cyanosis. Death took place on April 25.

At the autopsy the kidneys were found sub-granular, dotted with small cysts, and firmly adherent to the connective tissues around. The sulci of the brain were gaping; the vessels at the base extremely atheromatous; there was a huge clot in the right hemisphere, with much patchy softening around; and there were isolated foci of softening in the left corpus striatum and thalamus.

Note.—The foramen ovale is more or less patent in one out of every thirty cases (Wilks and Moxon.) Although the opening be very large, even amounting to complete absence of the

auricular septum, cyanosis does not necessarily occur (Rokitansky.) The same author points out "that cyanosis never arises from malformations of the heart, consisting in deficiency of the septa, unless there exists at the same time some special anomaly of the arterial trunks, as narrowness or insufficiency of calibre, or contraction of the ostia of the heart." Bristowe notes that cyanosis has been proved to exist in an intense form in cases of malformation when no admixture of venous or arterial blood was possible, "and to be absent from many cases of malformation in which the communication between the venous and arterial sides of the heart was unusually free."

V.—Tubercular Testis: Secondary to Tubercular Growths in the Pons Varolii.

The left testicle and all its appendages are much enlarged, weighing $2\frac{3}{4}$ ounces; the globus major is swollen and converted into a yellow friable cheesy mass closely bound down to the testis beneath; the globus minor presents similar cheesy changes, but in a more advanced stage, a cheesy fungus protruding through the skin. The testicle itself is swollen and hard, its cut surface being thickly studded with coarse grey tubercles. There is no trace of hydrocele, the cavity of the tunica vaginalis being for the most part obliterated by old adhesions.

This specimen was obtained from C.W., a Norwegian, aged 45, who was admitted under the care of Dr. Moloney on January 5th, 1888. He was then drowsy, with weakness and numbness of the left arm and leg, but no paralysis of the face or tongue: there was cough and dyspnoea, with pain in the left side and front of the chest: dulness and crepitation, with weak respiration and increased vocal resonance over the base of the right lung.

The patient stated that two years previously he had been struck on the back of the head by a plank and knocked senseless: ever since he had been subject to drowsiness and pain in the head. But his health continued fairly good until eight months ago, when he noticed that his left arm and leg were becoming weak. He continued at work till two months before admission, when the weakness had increased, and the affected parts were getting numb.

January 31.—Difficulty is found in swallowing, "food seeming to go the wrong way."

February 4.—Left side of face flattened.

February 14.—Difficulty in swallowing continues, but there is no actual obstruction.

March 6.—Muscles of left upper arm wasting.

March 8.—Urine passed involuntarily.

March 12.—On this date it was noted that the right testicle was enlarged and of stony hardness. The patient was sure that this condition was not present when he came into Hospital.

March 28.—Repeated dyspnœa from laryngeal paralysis.

April 4.—Patient unable to stand. Breathing shallow all over the chest, but no decided dulness.

April 7.—Cannot get out of bed.

April 9.—At the lower part of the swollen right testicle, a bossy nodule has grown out, and is now softened and fluctuating, and on the point of bursting.

April 10.—Died.

At the autopsy miliary tubercles were found scattered through the lungs without any tendency to grouping. There were no large cheesy masses and no cavities, but at the extreme left apex there was slight fibro-pigmentary consolidation, with some obscure cheesy relics. The liver and kidneys were thinly studded with small grey tubercles, sometimes bordered by a zone of pronounced vascularity. The spleen was free from any such process. In the small intestines there was slight superficial ulceration of Peyer's patches with comparatively abundant grey tubercle in the sub-peritoneal tissue opposite. On opening the cranium there was no evidence of meningitis, the membranes at the base being thin and clear, and the Sylvian fissures unaffected; but four small tubercular tumours were found buried in the upper part of the pons varolii, close to the floor of the fourth ventricle, and a fifth lay in the cortical substance on the upper aspect of the left lobe of the cerebellum. Two of the growths in the pons measured three and four lines respectively in diameter, but the others were much smaller; they were opaque and yellow, one being distinctly softened at its centre, and they were surrounded by pinkish zones of softening, so that they could be shelled out of their beds without difficulty. They did not involve the medulla oblongata at all, but were scattered through both sides of the pons. The lining membrane of the fourth ventricle was not affected.

VI.—*Inflammation of Fallopian Tubes.*

Both Fallopian tubes are swollen, hard, tortuous, and knobby. When cut open they are found full of soft friable yellow cheesy matter, the deeper layers of which are pretty firmly adherent to the ragged inner surface of the tubes. The uterus and ovaries present no similar changes, but the mucous membrane lining the body of the uterus is stained deep purple from a thin layer of extravasated blood in its deeper part.

No history was obtained bearing upon the specimen.

VII.—*Dysentery : Fibroid Degeneration of Heart.*

The sigmoid flexure and part of the rectum are here shown ; their coats are much thickened and tough, their inner surface irregularly rugous, very granular, and studded with small pits of varying depth, and pigmented scars of old standing. The walls of the left ventricle are thickly studded throughout their substance with opaque white fibroid patches, and the endocardium lining the apex of the left ventricle and the adjacent part of the septum is thick, tough, and opaque white. The heart weighed 12½ ounces, the coronary arteries being rigid and atheromatous ; there is slight calcification of the attached edges of the aortic valves, with patches of atheroma scattered through the inner coat of the aorta.

These specimens were obtained from M'N., a man aged 73, who was admitted under the care of Dr. Moloney on April 23, 1883, suffering from dysentery, and died shortly after admission. The lungs were emphysematous ; the liver fatty and fibrous, with a patch of nævoid degeneration at the right edge ; the kidneys subgranular and cystic, a conical yellow infarct being found in the right one ; the right leg was cedematous, the femoral veins, being occluded with pale adherent clot.

VIII.—*Typhoid Fever : Relapse : Perforation.*

Immediately above the ileocæcal valve, the inner surface of the ileum is closely studded with ulcers occupying both Peyer's patches and the solitary glands. Some of the ulcers are of huge size ; their bases are pale and smooth, being formed by the sub-mucous coat, and at parts exposing the circular muscular fibres ; their edges are pigmented, bound down, and slightly shelving. A little higher in the intestine a small slough had formed in the centre of the base of one such ulcer, and had caused a small perforation of the bowel. Still higher, the Peyer's patches were much swollen, their edges

being much raised, rounded and purple, while their surfaces were either covered with adherent slough or were more or less deeply excavated. A thin layer of recent lymph covered a great part of the coils on their serous surface, especially near the site of perforation. Altogether ulceration extended through twelve feet of small intestine; the cæcum too contained a large ulcer two inches in length, with undermined edges, the circular muscular fibres being exposed in its base.

This specimen was obtained from F. R., aged 24, who was admitted under the care of Dr. Motherwell on March 28, 1883. He had been ill a fortnight with headache, languor, and sleeplessness, followed by fever. During the second week he had been much worse, vomiting everything he swallowed. The bowels were open once a day. On admission there was high fever, the tongue being furred and rather brown; there were small reddish spots, mostly fading on pressure, on the forehead and the back of the forearm and hands; no spots on the abdomen or chest.

March 30.—Diarrhœa; yellow fluid stools; delirium.

April 2.—Still delirious; tongue rather dry.

April 5.—Tongue moist and cleaning; bowels not open; very restless; thinks he sees black things round him.

April 6.—Quieter; tongue moist; no pain; bowels open.

April 9.—Improving, but temperature still keeping up.

April 12.—Morning temperature 98°.

April 15.—Tongue getting dry. Evening temperature 104°.

April 19.—Slight dulness and crepitation in left axillary region

April 23.—Tongue very dry; great abdominal pain; breathing very shallow and hurried. Died.

Temperature Chart.

	Morning.	Evening.	Remarks.		Morning.	Evening.	Remarks.
March 28	..	.. 104° 0'	14th day.	April 12	98° 0'	.. 102° 2'	Minimum.
29	105° 0'	.. 104° 0'	} Maximum.	13	100° 8'	.. 101° 8'	
30	104° 0'	.. 105° 0'		14	101° 6'	.. 103° 0'	
31	103° 2'	.. 102° 0'		15	101° 8'	.. 104° 0'	Tongue drying.
April 1	102° 2'	.. 104° 0'		16	101° 0'	.. 104° 0'	
2	103° 2'	.. 103° 4'		17	100° 6'	.. 102° 0'	
3	102° 7'	.. 104° 0'		18	102° 0'	.. 103° 0'	
4	103° 0'	.. 103° 6'		19	104° 0'	.. 103° 6'	Pneumonia.
5	102° 4'	.. 104° 0'		20	101° 0'	.. 103° 2'	
6	102° 8'	.. 103° 5'	Improvement.	21	103° 0'	.. 103° 0'	
7	101° 0'	.. 103° 2'		22	101° 4'	.. 103° 8'	
8	101° 4'	.. 103° 0'		23	103° 8'	.. 104° 2'	{ Perforation peritonitis
9	100° 0'	.. 102° 2'		Died	..	40th day of disease.	
10	101° 8'	.. 102° 4'					
11	101° 0'	.. 102° 2'					

IX. - Typhoid Fever : Relapse : Local Tuberculosis.

At the lower end of the ileum, on and near the valve, the inner surface of the intestine displays large ulcers, with thin free undermined pigmented edges and pale smooth deep bases exposing the muscular fibres. At the centre of the floor of one of these ulcers there is a small patch still more deeply excavated, and laying bare the sub-peritoneal tissue. These old ulcers were confined to the lower three or four inches of the bowel. Higher up Peyer's patches were much swollen and opaque, with decidedly raised edges; their surfaces were at parts finely pitted, at parts covered with adherent dirty yellow slough, at parts more or less deeply excavated. The peritoneum opposite both the old and the recent ulcers was injected, and the subperitoneal tissue studded with fine opaque grey dots. In the cæcum there was a large ulcer measuring an inch by half an inch, with congested free edges, and with the circular muscular fibres exposed in its floor.

The ulceration was confined to the cæcum, and to the lower six feet of the ileum; the mesenteric glands were swollen, and their cut surface was reddish, mottled with grey; the spleen was much swollen and turgid; the lungs slightly congested and friable posteriorly.

This specimen was obtained from J. H., a girl, aged 19, who was admitted under the care of Dr. Moloney, on March 21, 1883. She had been ill nine days with headache, rigors, and retching, followed by fever, diarrhœa, pain and tenderness in the abdomen, and occasional vomiting. No spots could be found. On the 29th spots were first noticed; on the following day the general symptoms were improving, the bowels becoming regular. On April 4, however, abdominal pain and diarrhœa returned, becoming much more intense, while the tongue became furred and tremulous; the pulse feeble and compressible; vomiting then set in, and proved intractable. On the 9th epistaxis occurred, followed on the 10th by slight hæmorrhage from the intestines. Delirium became marked, vomiting continued, and death ensued on the 14th.

Temperature Records.

		Morning.	Evening.	Remarks.
March	22.	101·0°	102·8°	Tenth day.
"	23.	102·4	103·4	
"	24.	100·8	103·6	
"	25.	102·0	103·0	
"	26.	100·0	101·6	

Temperature Records—continued.

		Morning.	Evening.	Remarks.
March	27.	100·0°	102·2°	
	28.	101·6	101·8	
	29.	100·0	103·0	Spots first noted.
	30.	100·6	102·0	Improvement in general symptoms.
	31.	102·6	103·2	
April	1.	102·0	103·4	
	2.	101·2	102·7	
	3.	101·0	103·0	
	4.	101·4	102·4	Abdominal pain and diarrhoea.
	5.	100·6	104·0	
	6.	100·0	104·0	Abdominal symptoms severe. Vomiting.
	7.	102·8	104·0	
	8.	103·0	103·5	Vomiting severe and intractable.
	9.	103·0	103·6	Epistaxis.
	10.	101·0	103·6	Slight intestinal hæmorrhage.
	11.	103·0	103·4	
	12.	101·0	103·6	
	13.	103·0	105·2	Marked delirium.
	14.	Died.	..	Thirty-third day of disease.

Note.—These two cases of typhoid are very interesting as examples of deep initial ulceration of the ileum and cæcum with marked abdominal symptoms; in both the general symptoms manifested improvement after a time (twenty-three days in the former, eighteen days in the latter); but the temperature continued above normal, with evening exacerbations: and shortly afterwards a relapse occurred with further rise of temperature and renewed bowel symptoms, ending in death on the 40th and 33rd days respectively. In both cases there were the large deep ulcers of several weeks' standing with pigmented edges and pale smooth bases; and in both there were more recent lesions higher up, with intumescent patches and either sloughing or pitting of the surface. In the first and more prolonged case, death occurred by perforation and peritonitis, the perforation being induced by circumscribed sloughing in the base of one of the older ulcers; in the second case the patient died exhausted by intense bowel symptoms and intractable vomiting, the peritoneum being dotted with young tubercles opposite both the older and the more recent typhoid ulcers.

For the clinical notes here given Dr. Allen is indebted to the ward books kept by Dr. Harbison, Dr. Moore, and Dr. Owen.

Australian Medical Journal.

MAY 1883.

PRACTITIONERS' NOTES.

Most commendable efforts are being made in the mother country to carry out some kind of collective investigation of disease. Many of the leaders of the profession have taken an active part in the movement, and important practical steps have already been taken for enlisting the services of medical men of all grades in all parts of the country. Hitherto the systematic study of disease has been left too much in the hands of the physicians and surgeons of large hospitals and the teachers in medical schools. Of course it must be the case that some subjects can scarcely have their details wrought out elsewhere than in such institutions; but, on the other hand, there are matters, in their own way of equal importance, which cannot be properly wrought except by the combined efforts of private practitioners. They cannot be expected to do much in experimental pathology, or in working out the minute details of the morbid anatomy of obscure diseases. But there are other departments of medical research open to them which are almost closed to the medical officers of general hospitals, who can, as a rule, see their cases only for a comparatively limited time. Family histories bearing on the question of the hereditary transmission, either of actual disease or of morbid tendencies, can be collected satisfactorily only by private practitioners. The medical history even of the individual, in chronic cases, can be got also in a proper manner only by the family medical attendant. Besides all this, there are many cases which are little, if at all, represented among the inmates of hospitals, and on the natural course and management of which information can be got only from him. Not very long ago a well-known London physician wrote a book about common ailments, as much perhaps for the use of patients as doctors; but the idea was a good one, as the common ailments, because they

are common, are apt to be thought little of. In our own Journal, as well, in fact, as in almost every other, too little has been done to utilise the experience gained in every-day practice. While it is not desirable to have our pages taken up with the promulgation of crude theories and therapeutic fallacies, we would like to see much more of the results arrived at in the course of every-day work. We do not mean mere detailed accounts of rare or anomalous cases, though these have their own value when well and faithfully told, but brief notes, indicating in short compass, and without any display of erudition, some interesting point in the causation or course of even well-known diseases, or some striking effect produced by remedies, whether well or little known. Every man must occasionally meet with facts worth putting on record, and it would be easy to set apart a page or two of the Journal for such memoranda; and records of failures might sometimes prove as valuable as of successes. Such records have an educational value, the benefits accruing to the writer, perhaps, being as great as to the readers. Sir William Gull, in his address "On the Collective Investigation of Disease," reported in the *British Medical Journal* of January 27th, made some excellent remarks on this subject, which will bear repetition: "It will, perhaps, and naturally, be objected that it is almost impossible to organise for any useful purpose the labours of men already overburdened by the cares and fatigue of practice, and that there is neither time nor fitness for delicate inquiries on their part. Admitting that this objection is valid, it may be urged in reply that it need not be insuperable; that if this movement makes some demand on the busy practitioner, he will, in proportion to the help he affords in carrying on this work successfully, receive back quite as much as he gives. That, further, it cannot be denied that when we see the meaning of the apparent trifles which in practice would otherwise oppress and worry us, our burden is thereby much lightened, and that nothing could encourage us more than to feel that even one daily observation recorded was adding to our general store of knowledge, and making the path of practice more

easy. There is no tonic to the mind greater than the sense of work done ; and our journey is likely to be made shorter, as it certainly will be easier, if the way is illuminated."

To these inspiring words of wisdom little need be added, and we are happy to be able to present, in the present number, specimens of such pithy notes, each bringing out some specific point in doctrine or in practice. It is only by the combined efforts of the members of the profession, whether in town or country, that the Journal can be brought up to the right standard of efficiency, and be a credit to all of us ; and whatever helps to bring credit and dignity to the profession as a whole must in some degree be beneficial to every member of it.

Extracts from the Medical Journals.

SOME GERMAN MEDICAL JOURNALS.

The Tuberculosis Question.

There has been such general adhesion to the views of Koch on the signification of bacilli in the tuberculous process, that there is little need to collect notes in further confirmation of their correctness. There has always been a good deal of difference of opinion on the subject, however, and it is of special interest to note what has been observed of a contradictory tendency. Prof. Beneke of Marburg published in the end of last year a small work, giving an account of the results obtained by treatment of consumptive, scrofulous, and similar cases at the island of Norderney. His competence as an able pathologist, as well as an accurate clinical observer, is known, and this is the opinion he expressed on the relation of Koch's bacilli to phthisis. The extract is given as a quotation in *Schmidt's Jahrbücher*, Bd. 196, p. 105, where the book is reviewed.

"According to observations made in Marburg, I have some ground for doubting the nature of these rods and chains of granules as micro-organisms. I am still engaged with these observations, and can only say provisionally that similar forms can be prepared, by a certain method, artificially from alcoholic ethereal extracts of healthy blood. They are finely coloured by means

of methyl violet, and not by vesuvin. I have also seen a white pellicle, containing these forms, originate without inoculation on a nutritive base consisting of yolk and white of egg, coagulated at 47° C., and preserved for some weeks, in glasses previously made hot, under a plug of wadding. The bacilli can hardly bring about an essential alteration in all doctrines and experiences hitherto arrived at with reference to phthisis." It is doubtful whether Professor Beneke's recent death will not prevent the publication of his complete researches.

At a meeting of the Medical Society of Buda-Pesth a paper on Bacteria was read by Prof. Balogh, giving an account of experiments made with bacterial forms obtained from the mud of swamps about the city. He found some which showed the same colour reactions as Koch's bacilli, and when inhaled by rabbits produced small nodular growths of reddish, grey, or yellow colour in the lungs, heart, and kidneys. In the present state of knowledge he was not prepared to say that they were identical with tubercle; but in all such inquiries he insisted that it should be kept in mind that the pathology of rabbits is not identical with that of men. In the course of the discussion, reported in the *Wiener Med. Presse*, No. 51, 1882, Prof. Koranyi referred to a case of supposed phthisis, occurring in his clinique, in which syphilitic lupus was also present. Bacilli were found in the sputum, but under iodide of potassium all the symptoms improved, the bacilli also disappearing. If, then, in a case of syphilitic disease of the lung bacilli are found, it is clear that they cannot be depended on as positive evidence of the existence of genuine tuberculosis. A single case must not of course be too much relied on, but other cases have been published which tend to cast doubt on the absolute reliability of diagnostic indications based too exclusively on the presence or absence of bacilli. Prof. Schnitzler, at a meeting of one of the Vienna Medical Societies, on 22nd January last (*Wiener Med. Presse*, 4, 1883), gave an account of a case in which there were very distinct symptoms of a combination of syphilis and tuberculosis of the lung, larynx, and soft palate, and in which no bacilli were found on careful examination. Negative results like these of course prove little, but Schnitzler stated that he had just received a communication from Dr. Crämer, of Erlangen, in which he stated that he had found, in the stools of perfectly healthy persons, bacilli in no way distinguishable from those of tubercle. He also reported that

there had recently been in the Erlangen Medical Clinique a case of lung disease, in which the sputa had for months contained numerous tubercle bacilli, while post mortem there was found only bronchiectasis, and no trace of tubercle.

The last point that need be referred to is the mode of communication, supposing tuberculosis to be actually a contagious disease. Many experiments have been performed in the way of making animals, and especially rabbits and dogs, inhale tuberculous matters, most frequently the diluted sputum of phthisical persons. Proofs have accumulated in favour of the view that animals may acquire tuberculosis in that way, even when they are well guarded against bad hygienic conditions. Such inhalations have always been in the moist way, the most remarkable results being those got by Tappeiner. A series of articles has lately appeared in the *Wiener Med. Presse*, written by Dr. Hausmann, giving a history of the experimental method adopted in the investigation of this question. In the last of them, in the number for January 14th, there is a letter from Dr. Tappeiner, detailing his experiments on rabbits with dry and finely pulverised sputum. In no case did any of the animals, compelled to inhale this dust in quantity on several successive days, show any signs of tuberculosis, even after one to two months. It has generally been assumed that, if human beings acquire tuberculosis by way of contagion, the most likely cause is inhalation of dust containing dried particles of sputum. Judging from these experiments, the results of which have been confirmed since, it is apparent that dust is not a very easy or likely vehicle for conveying infecting particles, and producing phthisis in human beings, who are certainly less susceptible than rabbits. As Tappeiner says, these negative results may tend to calm the public mind, which has been so much excited by the accounts of Koch's bacillus. On the whole, these observations and experiments should help to make us cautious in coming to hasty conclusions on a subject of such great importance, both theoretically and in practice. At the German Medical Congress, which was to be held at Wiesbaden from the 17th to 20th April, one of the questions put down for discussion was, the influence of the discovery of the tubercle bacillus on the pathology, diagnosis, and treatment of tuberculosis, and, as most of those who have taken a leading part in recent controversies on these subjects are likely to be present, we may hope to get some light thrown on points in dispute. In particular,

the direct conflict between Koch and Spina, referred to in the *British Medical Journal*, March 10th, on certain quite essential details, is sure to come up for consideration.

J. J.

(*To be continued.*)

Correspondence.

SPONGE GRAFTING.

To the Editor of the Australian Medical Journal.

In the *Journal* for April 15 I read with much interest a paper on the above subject, and having last December noticed similar facts in connection with a case of excision of the eyeball, in this instance necessitated by traumatic inflammation, perhaps a record of my experience also will not be uninteresting. My patient was a strong healthy temperate miner, about 50 years of age. After the eyeball was removed I filled the orbit with a piece of finest ophthalmic sponge, with string attached for removal. On the third and subsequent days I endeavoured to get the sponge away, but found it so tightly fixed, that it resisted all my efforts to dislodge it. I suggested to the patient to let it remain, but he said he thought it was causing a severe pain over the temple and top of the head. I then tried to relieve the pain, first by opium, then bromide of potassium, and finally by a hypodermic injection of morphia. These failed, and on the sixth day after the operation I was obliged to give chloroform, and after using great force I removed the piece of sponge, which I found studded with granulations. I remember thinking at the time that I should not care to try that method again. I think, however, it is a valuable fact, and hope hereafter to make practical use of the discovery.

Since writing the above, I have commenced an experiment at the Bendigo Hospital in the case of an ulcer of leg. Sufficient time has not yet elapsed for me to speak positively, but so far, success bids fair to follow. Details I hope to give at an early date.

Sandhurst.

O. PENFOLD.

Local Subjects.

MEDICAL BOARD OF VICTORIA.—At a meeting of the Medical Board of Victoria held on Friday, May 4, the following business was dealt with: Registrations—George Jacob Young, Horsham, No. 1077, M.B. et Ch.M. Ed. 1882. Henry Christian Jee, Brighton, No. 1078, M.B.C.S. Eng. 1877; L. et L. Mid. R.C.P. Edin. 1891. William Christopher Sparrow, Emerald-hill, No. 1079, M.B.C.S. Eng. 1873; L. et L. Mid. K.Q.C.P. Irel. 1873. James Charles Weld, St. Kilda, No. 1080, L.B.C.S. Irel. 1872; L. et L. Mid. K.Q.C.P. Irel. 1872. Names of deceased practitioners erased from roll—William Garrard, No. 59, M.B.C.S. Eng. 1849. James Campbell Duncan, No. 715, M.B. Glas. 1872.

Dr. Shields has been appointed a member of the Medical Board *vice* Dr. Knaggs resigned.

HEALTH OFFICERS.—The following appointments have been gazetted. Shire of Whittlesea, W. H. Stock, surgeon; shire of Lowan, W. H. Burton M.D. *vice* Dr. Marks resigned.

PUBLIC VACCINATORS.—The following appointments have been made: Robert Richard Rimington, M.B., to be public vaccinator for the district of Tungamah. William H. Burton, M.D., to be public vaccinator for Nhill. The resignation has been accepted of Alfred Shaw, L.B.C.P.I., as public vaccinator Lillimur North.

BREACH OF MEDICAL PRACTITIONERS' STATUTE.—At the Warragul Police Court on Friday, April 20, the Medical Board proceeded against Joseph Herberts for practising as a medical man without possessing the required qualifications. Mr. Hare, P.M., and a bench of justices heard the case, which had been before them three months before. The defendant on that occasion was allowed three months within which to procure his diplomas from Germany, but he did not produce them on Friday. Mr. J. J. Shillinglaw, representing the Board, said that it was not desired that any severe penalty should be inflicted, as it was merely required that such persons as the defendant should be prohibited from practising. The bench fined Herberts £3, and £4 10s. costs; in default, 14 days' imprisonment.—(*Argus* April 24.)

In the *Argus* telegrams it is stated that a baronetcy has been conferred upon Mr. Spencer Wells; and that the University of London has conferred medical degrees on some lady students.

We are glad to learn that Mr. R. H. J. Fetherston has again been successful in the examinations of the Royal College of Surgeons, Ireland. He has gained first-class honours and the medal in anatomy for second-year students, and was also awarded Professor Hughes prize for surgery.

MEDICAL COMFORTS AT THE ADELAIDE HOSPITAL.—In a letter to the *South Australian Register*, dated May 1st, Dr. Way deals with the increased expenditure on Medical Comforts in the Adelaide Hospital. The increase is said to have commenced in July last when the present house surgeons were appointed. Dr. Way states that the death-rate during the first four months of 1882 was 9.17 per cent., but this year it was reduced to 6.68 per

cent., notwithstanding "that a severer type of sickness has had to be combated with." Taking the same periods the mortality from typhoid fever fell from 24 per cent. to 10·99 per cent., and that from pneumonia fell from 31·58 per cent. to 28·07 per cent. In reference to the last disease, Dr. Way says, "the epidemic of this year was one of unusual severity, most of the patients having both lungs affected, and the majority being violent and delirious." The medical comforts, too, "include such articles as mutton, beef tea, potatoes, porridge, milk, arrowroot, sago, and eggs, as well as sodawater and brandy. . . . The fact appears to be overlooked that a patient sustained (as all cases of enteric fever and most cases of pneumonia have to be) for several weeks entirely on fluid foods costs nothing in the way of ordinary diet, although he may consume a large proportion of so-called medical comforts. As a matter of fact a fever case costs under a shilling a day for food; and when this cost is exceeded it is because the exigencies of the case call for the use of alcoholic stimulants or an aërated drink. Further, it will be seen by referring to the report of the Hospital Board that the cost per patient for 1882 is only slightly in excess of that of the previous year, and with this exception is lower than in any year since 1870, and this notwithstanding the increased use of medical comforts. As regards the question of alcoholic stimulants, these, I may say, are never given except in the light of medical aids. I may further add that they are not given as a matter of routine; some patients never require them at all, while in others the amount varies from one to, in very rare cases, eight ounces a day. In concluding, Dr. Way speaks as follows:—"I may add that I am certain that the medical staff of the Hospital will co-operate in every way with the Board in seeking to check any waste or extravagance; but it must not be expected that they will adopt a cheese-paring economy, to the detriment of the patients and to the dishonour of the Hospital."

BIRTHS.

BRISBANE.—On the 13th inst., at St. Arnaud, the wife of M. Brisbane, J.P., surgeon, of a daughter.

JAMES.—On the 20th ult., at her residence, Heidelberg, the wife of Dr. Henry James of a son.

MAITLAND.—On the 24th ult., at Madras, the wife of Surgeon J. Maitland, M.B., professor of anatomy at the Madras University, of a daughter.

MARRIAGES.

COLQUHOUN—GEMMELL.—On the 18th ult., at Sandhurst, by the Rev. T. E. Ick, M.A., Archibald Colquhoun, M.B., to Jeannie, eldest daughter of William Gemmell, of Avon Lodge, Sandhurst.

DOMBRAIN—MAUND.—On the 24th ult., at St. John's Church, Camberwell, by the Rev. A. Crowell, Henry Athelstan Acworth, third son of the Rev. Henry Honeywood Dombraim, of Westwell Vicarage, Ashford, Kent, and grandson of the late Sir James Dombraim, R.N., late inspector-general of the Coast Guards, Ireland to Edith Annie, second daughter of the late Henry Maund, Esq., M.D., and niece of the late John Maund, Esq., M.D., formerly of Collins-street, Melbourne.

GREEN—TURNBULL.—On the 25th ult., at St. Saviour's Church, by the Rev. C. M. Yelland, Geo. Lauder, second son of the late Henry Green, M.R.C.S.L., to Mary Anne, relict of the late Henry M. Turnbull, merchant, of the firm M'Arthur, Turnbull and Co., Launceston, Tasmania.

MACFARLANE—OFFICER.—On the 28th ult., at St. George's Church, Hobart, by the Rev. W. W. F. Murray, M.A., W. H. Macfarlane, M.B., New Norfolk, to Margaret, eldest daughter of the late Robert Officer, Esq.

O'SULLIVAN—FEEHAN.—On the 9th inst., at St. Patrick's Cathedral, Melbourne, by the Rev. M. Kennedy (Shepparton), M. N. O'Sullivan, M.D., Numurkah, to Ellie, second daughter of Richard Feehan, Lismore, Brunswick.

MACMULLEN—BRUSH.—On the 4th inst., at St. Mary's, Parnell, Auckland, N.Z., by the Rev. G. H. S. Walpole, Dr. James Carnegie MacMullen, Coromandel, to Gertrude Alice, third daughter of S. Brush, Esq., St. Kilda.

DEATHS.

ALLEN.—On the 13th inst., at her late residence, Raglan-street, East St. Kilda, Maria Amelia Allen, relict of the late Dr. James Allen, of Clark Island, Tasmania, and eldest daughter of the late G. A. Robinson, late chief protector of the Australian aborigines, formerly commandant of Flinders Island.

CALEFANT.—On the 6th inst., at Sandhurst, Amelia E. C., the beloved wife of Louis Calefant, and widow of the late George Drake Lewis, M.D., of Tasmania. Home papers please copy.

DUNCAN.—On the 29th ult., at Albury, N.S.W., James Campbell Duncan, M.B.

MACKENZIE.—On the 8th inst., at her late residence, Park-villa, Punt-road, Richmond, Eliza Hembry Mackenzie, at 75 years, relict of late Dr. Mackenzie, formerly of Lisbon.

RAY.—On the 13th inst., at 133 Collins-street, Robert Ray, M.R.C.S., &c., from fracture of skull.

NOTICES TO CORRESPONDENTS.

Communications have been received from Dr. Batchelder, Dr. Gardner, Dr. Penfold, Dr. Turner, Dr. J. P. Ryan, Dr. Stirling, Dr. Barrett, Dr. Syme, Dr. Walsh, Dr. Owen, Messrs. Wood and Co., and others.

We regret that pressure on our space compels the omission of several interesting papers and reports, with the bulk of our extracts.

PUBLICATIONS RECEIVED.

In addition to our usual exchanges, we have received "Lithotomy, Lithotritry, &c." by R. Harrison; the Fortieth Annual Report of the State Lunatic Asylum at Utica, the Journal of Cutaneous and Venereal Diseases, Deutsche Medizinal-Zeitung, Revue Medicale Française et Etrangère, Philadelphia Medical Times, &c.

THE
Australian Medical Journal

JUNE 15, 1883.

Original Articles.

NOTES ON CASES OF ABDOMINAL SECTION.

By F. C. BATCHELOR, L.R.C.P., M.R.C.S.

Honorary Medical Officer to the Dunedin Hospital.

The following is a summary of ten cases of abdominal section which I have had during the last two years :

1. Exploratory incision for tumour of doubtful nature, turning out to be pyloric cancer.
2. Removal of ovarian tumour.
3. Removal of hydatid tumour from under surface of the liver during pregnancy.
4. Removal of two sarcomatous ovaries with secondary deposit.
5. Removal of suppurating hydatid cyst within abdomen.
6. Opening a drainage of an old pelvic abscess.
7. Removal of an epithelioma of umbilicus.
8. Removal of cancerous tumour from the left inguinal region.
9. Removal of left kidney by abdominal medial incision.
10. Exploratory incision in case of apparent obstruction of the bowels, turning out to be a perforating ulcer of the stomach.

The details of Nos. 1 and 2 were published in this journal.

The particulars of Nos. 9 and 10 I defer to a subsequent paper, being of special interest. Both of these patients died, the nephrotomy on the sixth day, and the case of perforating ulcer a few hours after operation, being almost moribund at the time it was undertaken.

CASE III.—E. J., aged 34, married, five children. Always enjoyed good health up to the beginning of the last year, 1882, when she began to suffer from severe pains in the right side, about the region of the liver. After a time she began to feel pains also in the thigh and in the groin. She consulted a medical man about the middle of February, and a tumour was discovered in the right lumbar region, there being also some uterine trouble the exact nature of which was not ascertained. On consulting me, April 12th, 1882, there was a hard irregular

solid-feeling tumour, about the size of a kidney, deep in the right lumbar region; it was movable, and could be dragged into the middle line, but returned on discontinuing traction. It descended somewhat on inspiration, and was covered in front by the colon. According to the patient's account it was increasing rapidly in size. It was painful to the touch, and there were aching shooting pains through it which kept the patient from sleep at night. Menstruation had been missed for three periods. On vaginal examination I found a large smooth tender mass filling and pressing on the rectum; the os was directed forward under the pubes; the anterior lip seemed at first continuous with the anterior vaginal wall, altogether giving the appearance of a growth filling the pelvis and involving the vaginal walls, for which I believe it was at one time mistaken. By placing the patient in the genu-pectoral position, and making firm pressure on the mass from the rectum, I succeeded in reducing what turned out to be a retroverted pregnant uterus at the third month. The tumour in the loin now engaged attention, and its nature was discussed at several consultations. From the history of loss of flesh and the pain, and from its hard irregular feel, we were inclined to look upon it as either a cancerous growth or a caseous gland, and from its increasing size we determined not to delay operative measures on account of pregnancy.

On May 7th, assisted by Drs. De Zouche and Maunsell, I proceeded to open the abdomen with Listerian precautions. I commenced the incision about the cartilage of the right lower ribs, at the outer border of the right rectus muscle, and carried it down vertically about four inches, exposing the tendons of the oblique muscles, cutting through them without meeting any muscular fibres. There was more bleeding than is usual in the incision in the middle line. When it had been arrested the peritoneum was hooked up and opened, the colon pushed to one side, and the tumour was found to be an extremely thick walled irregular hydatid cyst growing out from the under surface of the liver. The cyst was drawn through the incision and laid freely open, the delicate lining membrane removed, and the sac well sponged out with a 1 in 20 carbolic solution. The cyst was separated from the adherent omentum with the finger-nail, and finally cut off level with the liver substance. There was no bleeding of consequence. The wound healed by first intention, and only required one dressing. There was no constitutional

disturbance whatever, and the patient was able to leave her bed in less than a fortnight. Pregnancy ran its natural course, and she was safely delivered on November 2nd. The possibility of hydatid was suggested before operation, but the hard irregular feel, the pain and loss of flesh seemed against it, and on account of its being covered by bowel I did not like passing a needle into it.

CASE IV.—M. K., aged 30, married, eight children. Confined in January 1882. About three weeks after her confinement she noticed a lump in the right groin which gave her considerable pain and increased rapidly. I first saw her on August 8th. There was a large mass distinctly visible in the right groin, movable, irregular, and solid to the feel. The uterus could be felt free of this from the vagina; but behind the uterus, and apparently continuous with it, was another large mass almost filling up the pelvis; a little above the umbilicus was a third growth, apparently nodules of enlarged glands. I watched the patient in hospital for some weeks. The pelvic tumours increased with remarkable rapidity, the right forming a prominent bulging in the groin, and the mass previously to be felt behind the uterus now extended upwards, and was distinctly to be felt and seen above the brim of the pelvis. The enlarged glands above the umbilicus had not much increased. The general health was rapidly giving way, hectic and night-sweats exhausting the patient, and it was evident that she was quickly sinking. On September 1st I opened the abdomen with antiseptic precautions, the tumour in the right groin being, as we had anticipated, a large sarcomatous ovary about the size of a cocoanut. The pedicle formed by the broad ligament was tied in three parts by carbolised catgut and dropped into the peritoneum. The enlarged left ovary now gave considerable trouble, and for some time I feared it had formed adhesions within the pelvis; pressure however from within the vagina and traction above managed to dislodge it. It was tied and removed in the same way as the right; it was about the same size. The enlarged glands in the omentum were now carefully removed, partly dissected out by the knife, partly by scraping with finger-nail. The wound was closed with carbolised silk sutures. The patient made a good recovery from the operation, vomiting being the only trouble. The wound had to be dressed more frequently than usual in consequence of a serous discharge from the lower

part of the wound, seemingly indicating the want of some form of drainage. The patient left the hospital five weeks after the operation, but the disease shortly reappeared, one large nodule appearing in the left breast, and numerous smaller ones scattered about the abdomen, neck, &c. The patient died about five months after operation. Her life was undoubtedly prolonged by its performance, and she suffered much less pain than she had done previously.

(To be continued.)

Medical Society of Victoria.

ORDINARY MONTHLY MEETING.

WEDNESDAY, JUNE 6TH, 1883.

(Hall of the Society, 8 p.m.)

Present: Dr. James, Dr. Jonasson, Dr. Brett, Dr. R. B. Warren, Dr. Neild, Dr. Haig, Dr. J. S. Wilson, Dr. Mullen, Dr. Bage, Dr. J. W. Barrett, Dr. Allen, Dr. Stirling, Dr. Stewart, and Dr. Tattersall.

The President, Dr. James, occupied the chair.

The minutes of the preceding meeting were read and confirmed.

NEW MEMBERS.

The following gentlemen were elected members of the Society: Mr. John Sayer Nickoll, M.R.C.S. Eng., L.S.A. Lond., of Hawthorn, proposed by Dr. LeFevre, and seconded by Dr. Brett; and Mr. Timothy Bernard Ryan, M.B. et. Ch.B. Melb., of the Yarra Bend Asylum, proposed by Dr. Neild, and seconded by Dr. Barrett. Dr. Neild and Dr. Jonasson acted as scrutineers.

The following paper was then read:

THE VARIETIES AND TREATMENT OF WHITLOW.

By R. A. STIRLING, M.B., L.R.C.S. Ed.

Assistant Surgeon Melbourne Hospital.

To me personally the subject of whitlow has a peculiar interest, and some time ago, when under the necessity of reading up the literature of Paronychias, I was struck with the many diversities of opinion which prevail amongst the best writers on systematic surgery—not only as regards the pathology and

pathogeny of the affection, but also with reference to the treatment.

The probable cause of these differences is that sufficient care is not taken to distinguish between the varieties of the disease—a most important point, as the many forms under which whitlows present themselves are not at all likely to be benefited by the same general plan of procedure.

In making these remarks I will endeavour—particularly when on the subject of treatment—to pass in review the various methods recommended by different authorities, and to reconcile some of their most obvious antagonisms. I have based my classification on the experience of a considerable number of cases, chiefly observed in the casualty room and out-patient department of the Melbourne Hospital.

From an analysis of these cases I infer that the disease is most common between the ages of 20 and 35, that it is quite as common in females as in males, especially in the slighter forms, and in the former seems often to be connected with menstrual derangement. Usually the disease is traumatic, and in most cases the direct excitement was the absorption into the cellular tissue of some irritating material. The term whitlow includes those poisoned wounds of the finger which are so frequently seen in butchers and poulterers, and which appear to be due to the direct action of a cadaveric poison, similar in its effects, though much more limited, to those produced by the inoculation of the intense virus generated in the dead human subject.

The simplest of all the varieties is that in which the inflammation is entirely superficial, and is situated at the root or side of the nail—the paronychia unguialis of Abernethy. This, though a trivial affection, is like all the others a very painful one, on account of the tense and firm nature of the cutaneous structure of the fingers. It is in reality a skin disease, and arises most often from inflammation of an excoriation, followed by a collection of purulent serum between the cuticle and true skin. At times it is very obstinate and recurrent, arising without known cause, and requiring prolonged constitutional tonic treatment for its cure.

The most common variety is the paronychia cellulosa, which prevails chiefly in the autumn, occasionally epidemically, and

which has distinct erysipelatous characters. It may be divided into the circumscribed and the diffuse forms.

In the *circumscribed cellular* a mere abscess forms, usually I believe, on the palmar surface of the distal phalanx. The formation of pus is very rapid, usually within 24 to 48 hours. It commences and is limited to the pulp of the finger, which is composed of dense cellular fibrous tissue. In such cases there is little or no tendency for the inflammation to spread to the contiguous textures, the skin is but little inflamed, and fluctuation is soon detected. The throbbing pain is its only inconvenience, and relief is afforded at once by a small incision.

The *diffuse cellulitis* or periphalangeal cellulitis is a much more serious disease, particularly when situated on the thumb or little finger, on account of their synovial sheath being continuous with the common flexor sac. Not only are all the tissues of the finger or fingers liable to be attacked—even to the bones—but in almost all cases abscesses form beneath the palmar fascia or at the back of the hand. The sloughing which is likely to occur, even when the suppuration is rigorously followed up by the knife, suggests a similarity to a parallel disease, carbuncle. In both there is the same combination of adynamic symptoms and intense pain, a spreading inflammation, limited in carbuncle by the deposit of inflammatory lymph, and in whitlow by the special nature of the tissues attacked. Both are often dependent on organic disease; and further, the appearance of a bad neglected whitlow, with the swollen phalanx, the red irritable skin, and the sloughy cellular tissue and tendon in the centre, is not at all unlike a misplaced carbuncle.

Although this cellulitis originates in a single finger, I have lately seen a case in which, from neglect, all the fingers were involved in the process. It occurred in an old man, a butcher, who poisoned the proximal phalanx of his little finger with some putrid meat. The pain was most intense at night. Abscesses formed on the front and back of the hand. At the same time the constitutional symptoms were of a most depressing type, and the urine loaded with albumen.

In this variety the lymphatics are liable to be involved, and the supra-condyloid and axillary glands affected, although usually even in the severest cases the disease is limited to the hand. In one recorded case the pain was so severe that the

patient — a blacksmith of herculean frame — is said to have succumbed to it alone.

Thecal abscess or tendinous paronychia is found in all cases where the tendinous sheath is the starting point of the inflammation set up by a small penetrating wound. The synovial surface of the sheath inflames, and the tendon is in great danger of necrosis by being separated from its vascular supply by the formation of pus. Sometimes the symptoms supervene at once after the injury, sometimes not for days. The quantity of matter that gives rise to the extreme pain and to the acute constitutional symptoms, may be quite minute. In this form the oedema and superficial fluctuation of the cellulitis are absent. There is but little swelling, and the extreme tenderness and throbbing alone demonstrate the formation of pus. When neglected, sloughing of the tendon and its sheath are sure to result, and at times the inflammation spreads to the great carpal bursa, and along the flexor tendons to the whole forearm. I have seen but one such case, which terminated in necrosis of the bones of the wrist, and left the hand quite useless.

This tendinous whitlow is often complicated with cellular and periosteal inflammation, forming a true dactylitis.

When the periosteum is first affected there is extreme tenderness on lateral pressure of the phalanx, but no marked swelling or redness, nor very intense pain at first. In one of my cases the affected finger measured but one-eighth of an inch more in circumference than the sound one on the other hand. It often depends on the syphilitic or rheumatic diathesis, and may occasionally be resolved by leeching and internal remedies, without even puncturing with a tenotome, if seen early. The bones are not so liable to necrose as when the inflammation extends from the adjoining tissues.

The only other subdivision of whitlow is that due to a venereal poison, and which may or may not be syphilitic. It differs altogether from the dactylitis which occurs in the later stages of constitutional syphilis. I have seen but one example of the venereal paronychia. A surgeon, while removing a placenta from a uterus infected with chancroid, inoculated the right index finger. A smooth soft tumour formed in the cellular tissue at the root of the nail, attended by a dull throbbing pain, worse at night. Suppuration advanced very slowly, and when three weeks after the first appearance an incision was made, very little matter was

evacuated, and a foul painful ulcer with an ichorous discharge was left. The case was under the care of Mr. Girdlestone, and though tedious in healing, got quite well. There was no after systemic infection. A precisely similar case to this has been described by Pearson.

When a whitlow attacks the dorsal surface of a finger, the joints are very liable to be affected, as the extensor tendon alone forms the posterior ligament of the joint.

The treatment of the superficial form of whitlow consists simply in improving the general health, and locally, if the pain be very severe, in puncturing the bulla with a tenotome.

In the initial stage of the severer forms, it may be possible if seen very early to abate the inflammation by leeches, iodine paint, pencilling with nitrate of silver, or the application of opium and belladonna dressing. Usually the tendency of the disease in all its forms is to suppuration, and although I have several times been successful in dispersing a cellular whitlow by a mixture of "corrosive sublimate and white vitriol applied to the part on lint steeped in tincture of myrrh," still in many cases the same application has failed.

Internal remedies have little or no effect on this local disease. When occurring in a depraved constitution, and due to a disordered state of the secretory or digestive organs, good might be done by attempting to restore their functions. Free catharsis at the outset is often useful.

The indispensable method of treatment is incision. On this point most surgeons are agreed. But there is not the same agreement either as to the time when incisions ought to be made, or as to their exact situation. The usual advice given—a free incision—signifies nothing; as by some a mere puncture is considered sufficiently free, and others are not satisfied till every drop of pus is evacuated by the knife.

Patients are never at all desirous of having an opening made until the whitlow is "ripe." In the circumscribed form it is often of advantage to wait, as the late incision heals much sooner than the early. But in the diffuse cellulitis, the earlier an opening is made the better, and it is at times advisable to anticipate the suppuration, particularly when the synovial sheath of the tendon is threatened. Relief is thus afforded to the pain, to the tension, and to the gorged vascular system of the part, and the distressing sequelæ of thecal abscess avoided. When suppuration takes place

near the joints under the cutaneous ligaments of Cleland, a small and early incision is requisite.

The direction of the incision, as also its extent, are more debateable points.

Erichsen, who considers that all whitlows are erysipelatous, directs that the line of incision should be a lateral one, on each side of the finger, so as to avoid if possible the sheaths of the tendons ; if these be opened, he says, the tendons will probably slough, and the finger be left in a permanently rigid and extended state. I don't think that the mere opening of the sheaths is so often the cause of the sloughing, as the extension of the inflammation from the cellular to the fibrous tissues ; and again the cause of the rigid after-condition of the finger or hand is due more to the essentially adhesive nature of the inflammation, which seems to literally glue all the textures together. I have opened a finger along its palmar aspect, and laid bare the tendon without any sloughing resulting. The lateral incisions are very useful when the case is one of diffuse cellulitis, as in this swollen and cedematous condition of finger they may be very free, without the prospect of doing any harm to its utility ; they are likely to relieve the vascular tension also, by tapping the digital vessels as they run along the sides of the fingers. In such cases the incision is best made from the proximal to the distal end, so that if the patient attempt to withdraw the hand during the operation, he will rather facilitate the cut being made than otherwise. Even in those neglected cases where an incision has not been made, but the pus has found exit by the process of ulceration, it is sound practice to enlarge this opening, as often a free outlet to the confined matter prevents the necrosis of the bones, from spreading further.

Another method of incision is that recommended by Professor Miller, and consists in laying open the finger throughout almost its whole extent on the palmar aspect. "Soon after the infliction of such a wound pain will rapidly abate, and in a short time the patient will probably be in a deep unconscious slumber. Free outward suppuration takes place ; the swelling abates, bones, joints, and tendons are saved, and the finger recovers, tediously it may be, but well."

This central method, which has the approval of by far the majority of writers, has two drawbacks. It is sometimes extended so deep that the joints are liable to be opened, an event which must end in ankylosis, and secondly, the cicatrix is apt to

interfere with flexion. It is, however, in certain advanced cases in which all the tissues have been allowed to become inflamed, the only reliable means for permitting that free outward suppuration which will save the finger. In the Dean case I made this incision, somewhat disastrously to myself, but with the very best result as regards the hand of the patient.

Prof. Gross, while not stating the direction of the incision, is almost heroic in his advice. "The great and indispensable remedy after all is the knife, employed early and boldly, not expectantly and timidly; the incision being long and deep, the edge of the instrument grating upon the bone."

My attention was first called by Mr. Fitzgerald to what may be termed the puncture treatment of whitlow, the incision not being made over but between the joints. An excellent instrument for such opening is the triangular cataract knife of Beer. The only author who notices this plan is Holden in his *Landmarks of Surgery*. The reasons given there for the recommendation are that the sheath is strongest and thickest over the shafts of the phalanges, and therefore more likely to produce strangulation of the enclosed tendons; and secondly, that as the digital arteries run along the sides of the fingers, the incision should be strictly in the middle line. This method, which is of the greatest use in the early stages of nearly all the whitlows, is later on most serviceable in the tendinous form.

Should the suppuration extend beneath the palmar fascia, it is agreed that an incision should be made in the direction of the mid-line of the fingers, and not beyond the middle fold of the palm.

The treatment I always adopt after incisions is, first, rest on a splint; and second, the application of strong opium dressings. Large poultices enveloping the hand and arm are said to be beneficial. The application of an extension apparatus to a partially disorganised joint will sometimes prevent ankylosis. The test for after-amputation is the state of the bones; should they remain sound, time and rest with extension often effect a cure in the worst cases.

There is one other method of treatment recommended by so high an authority as Sir W. Fergusson, but which is not usually known, viz., leaving the finger to take its chance, a truly expectant plan. "It certainly must be admitted that the highest surgical skill often fails to prevent mischief, and very frequently

the member is irremediably damaged by the inflammatory process. It is a common custom to make free incisions into fingers severely affected with inflammation, and possibly relief may be given by permitting the escape of blood, serum, or pus, should it be found, as also by the relaxation of certain tissues, but I have great doubt if these incisions conduce much to the after good of the finger. In small and superficial abscesses, a puncture properly timed may give great relief, but if a deep and free incision be made down to the tendons or bones, there will probably be sloughing immediately after, and at best, serious stiffness is sure to result. In some of these instances it may be a question whether the disease or the knife has caused most mischief."

But one case has come under my notice of this treatment by delay. It was under the care of a professional chemist. As soon as a natural opening had been made, he prepared to separate the slough by an artificial one formed by nitrate of silver, inserted in pellets three times a day. The finger had become so disorganised after a few weeks of this treatment, and the patient was suffering such intense pain, that I had to remove it.

To sum up—the puncture between the joints is the plan least likely to damage the future utility of the hand. It is not applicable to all cases, and is most serviceable in the circumscribed variety, and when the tendinous sheath requires opening, especially in the early stage. Lateral incisions give a free vent to the pus of the spreading form. In bad and neglected cases where the inflammation has been unchecked, laying open the whole of the palmar aspect of the finger in the midline is sometimes the only method of saving it. The motion of the joints returns even after this heroic treatment, slowly but surely. Uncomplicated periostitis is best treated here, as in other situations, by the lateral subcutaneous puncture.

Dr. BRETT remarked that, in opening whitlow, the Listerian treatment was of great value; apart from antiseptic precautions, the after-results were often disastrous. The internal administration of sulphide of calcium was also very efficacious in arresting suppuration.

Dr. ALLEN took exception to one point in the classification of whitlows adopted by Dr. Stirling; erysipelatous inflammation, which is essentially diffuse, should not be made to include localised suppuration, which simply constitutes abscess. Paronychia

ungualis is an affection apparently trivial, but yet causing much inconvenience; it is often seen in delicate girls, and runs a very chronic course; the treatment should be much that of unbroken chillblain; tonics and generous diet were especially important, and locally it was wise to avoid incisions as long as possible, and above all to forbid all hot moist dressings, which encouraged suppuration, rendered the tissues sodden, and checked the tendency to heal. The best local application was a good pencilling of the surface with nitrate of silver; this at once relieves pain, prevents or diminishes suppuration, and protects the irritable surface. In ordinary thecal abscess, the necessity for early incision was undoubted. In the earliest stage, the whole hand might be soaked in hot carbolio lotion, and assiduously poulticed for twelve hours or so; but failing relief, the tension and pain persisting, the sheath should be opened at once; he did not approve of laying open the whole length of a finger; incisions were only necessary between the joints; this part of the sheath is very strong and composed of thick transverse fibres, while over the joints the sheath is thinner and looser, with a more or less crucial arrangement of its bands. Limited incisions, therefore, between the joints were quite sufficient. In the case of the thumb and little finger, no delay should be permitted, for the synovial sheaths of these fingers generally communicate with the common sheath of the flexor tendons at the wrist. The palm should not be opened unless absolutely necessary; at all events only a very limited incision should be made into it, never prolonged beyond the lowest, or at any rate the middle fold of the palm. This was for two reasons: first, because the synovial sheaths of the fingers ceased opposite the heads of the metacarpal bones, and it was important not to lay open the neutral space between these sheaths and the common synovial membrane of the great flexor tendons; and secondly, because the risk of hæmorrhage was not small if the incisions were unduly prolonged upwards; the course of the superficial palmar arch was not by any means invariable, and the digital branches, as Mr. Girdlestone had reminded him, do not at first lie hidden away between the tendons, sometimes passing obliquely to their destinations. As to the periosteal form, he had little experience; he could not think it very common as a primary affection; if distinctly syphilitic, incisions should of course be avoided, the disease being treated as an ordinary periosteal node. Incisions would only ensure suppuration, and perhaps induce

necrosis. Dr. Stirling's allusion to the dangers attending poisoned wounds of the back of the fingers reminded him of his own mishap a year or two ago; in dissecting out a malignant tumour of the suprarenal capsule, he ran a thin-bladed knife half an inch obliquely under the skin of the right ring finger; the specimen being so valuable, he spent a few minutes completing its removal, and then washed and sucked the wound carefully, not applying any caustic, which would simply close the orifice. He was then in rather poor health, somewhat fagged, and felt a little uneasy about it; next day the finger was apparently all right, and he went down the Bay. On the second day, Sunday, there was very trifling swelling, a distinct period of incubation having been noted; the swelling slowly increased till next day, without any marked constitutional symptoms. He placed himself under the care of Mr. Fitzgerald, whose kindness then and afterwards he gratefully acknowledged. Beer's knife, most excellent of knives, was brought into use, and a little pus evacuated; but the incision, though relieving tension, did not check the progress of suppuration; pus formed higher and higher along the finger, though followed up daily by the knife; the whole hand swelled, the supracondyloid gland becoming enlarged and tender, with considerable constitutional reaction. The pus forming around the extensor tendon made its way into the distal joint; then the middle one began to grate whenever it was moved, and altogether the outlook for the hand was unpleasant. The local treatment adopted was as follows:—Every day follow advancing suppuration with the knife, the finger being liberally dressed with boracic or carbolised lint soaked in strong opiate lotion; the opium was most effective in relieving the pain, and allaying restlessness; though sleep was impossible during the first few nights, yet the time passed without weariness, a most comfortable vague feeling being induced, the hand being recognised as uneasy, but looked on in a sympathetic way, rather as if the discomfort were suffered by some one else. Afterwards, when suppuration ceased to extend, and the joint affection was predominant, extension was applied; a long narrow splint being used, reaching some distance beyond the tip of the finger; the latter was caught in a cage of adhesive plaster, and drawn towards the end of the splint by a slender band of india-rubber; the rest and extension so obtained gave great relief, the old dressings being continued. As to constitutional treatment, it resolved itself into unlimited fresh air, and free administration of

alcohol, driving out half the day, and taking small oft-repeated doses of whiskey. In all forms of blood-poisoning, he believed that alcohol was most valuable, and in his own case it might have been taken like water, as far as any apparent effect was concerned. The great importance of fresh air is too often forgotten. Alcohol, however, was only necessary for a few days while the mischief was progressive. Iron could not be taken; he tried the perchloride, the citrate of iron and quinine, and the dialysed iron, but every dose was followed in about an hour by epistaxis. Ultimately the finger healed, stiffness of the last joint alone remained, the middle joint completely recovering. The case was perhaps worth telling, as an example of the period of incubation, the insidious early progress, the spread of suppuration in spite of the knife, the speedy implication of the joints, the great value of opium as a dressing, and the use of extension in inflammation even of small articulations.

Dr. D. E. STEWART, in dealing with prisoners at the Stockade, had always treated thecal abscess by free incisions, dressing with boracic lint and weak solutions of corrosive sublimate. Incisions invariably gave relief at once, and good results always followed. In a recent number of the *London Medical Record*, he had noticed a paragraph on the diagnosis of whitlow by an American surgeon, who held the affected finger up to the light, and examined it sideways through a tube, extemporised with a roll of paper; he claimed to be able to recognise the various stages of change within the theca, and so determine the treatment with greater accuracy.

Dr. BAGE said that he had some little experience of these affections in the casualty room of the Melbourne Hospital. In the early stages, when the finger was tender, and the radial arteries throbbing, he had adopted Gamgee's treatment, relying on complete rest and elevation; it was successful in a few cases, and did not delay other measures.

Dr. TATTERSALL thoroughly believed in the efficacy of incisions: they should be made whenever there was deep-seated pain with tenderness and throbbing, even though no tension might be discernible; immediate relief was thus procured. There was never, in his opinion, the slightest need for stimulants, or for strict Listerian precautions; boracic lint was quite sufficient.

Dr. JAMES remarked that during the ten years of his house surgeoncy, five of his fingers were opened on account of deep-seated inflammation, generally not produced by punctures, but by forcing

pins through tough or damp bandages. Thus, with three fingers in one hand, which were affected in succession, there was no sore at all. The inflammation always caused extreme pain and utter restlessness, and after suffering once, he never hesitated to let Mr. Garrard operate immediately. A free incision always gave relief; the fingers recovered rapidly, unless he happened to be overworked; in that case a free incision seemed only to aggravate the trouble, and the arm became very bad, while he was unable to take either medicine or stimulants. As to ulcers about the nail, he agreed with the practical remarks of Dr. Allen concerning warm applications; he had seen a great many suffer in this way, chiefly seamstresses, whose fingers became punctured by needles, and inoculated with poisoned thread; such fingers were sometimes very difficult to cure, the disease going on from week to week until the patients' health failed, and they went to the country. Carbolic oil was of the greatest service, made with linseed oil, one part to seven. It was important to remove all dead or undermined skin so as not to harbour pent-up pus. With country air and carbolic oil, the patients soon get well. In thecal inflammation, free incisions between the joints were quite sufficient; he had never found it necessary to open the palm, and regarded interference with the palm as equally dangerous with complete abstention. Lister's method was undoubtedly useful in the early stages. It was especially important to secure sleep; a considerable dose of morphia should be given, the hypodermic injection being best; opium acts as a second knife. In cases associated with overwork, opium is quite indispensable.

Dr. STIRLING, replying to Dr. Brett, said that he thought opium applications were preferable to antiseptic dressings, at any rate in point of comfort; and he did not think that the Listerian treatment was so useful in whitlow as in ordinary wounds. In connection with Dr. Allen's remarks, he had found periosteal inflammation one of the commonest form of whitlow, the disease often commencing in the periosteum.

EXHIBITS BY DR. BARRETT.

Dr. J. W. BARRETT then submitted the following exhibits, of which he has furnished the accompanying notes:

(a) *Patient Suffering from Neuro-fibromatosis.*—This patient is a sailor, æt. 21, who has noticed tumours growing for the last two years in almost every part of his body. They are none of them

larger than a walnut, and are painless except when injured. Of late he has had several epileptiform fits.

The tumours can now be felt on almost every nerve of his body that can be examined with the finger, and vary in size from that of a walnut to that of a pin's head. They number thousands, and cannot be counted accurately.

The nerves obviously affected are the median, ulnar, musculo-spiral, radial, posterior interosseous, internal cutaneous, intercostals, posterior spinals, spinal accessory, lumbar, saphenous, femoral cutaneous, external and internal popliteal, and musculo-cutaneous nerves, together with a few of the branches of the superficial cervical plexus.

(b) *Hydatid of Spleen*.—J. T., æt. 27, admitted 5th December, 1882, under the care of Mr. Fitzgerald. Four years ago the patient first noticed a small lump situated deeply in the left hypochondrium, which was then painless and freely movable. It slowly increased in size. Twelve months ago he was thrown from a cart, and injured his side, and six months afterwards the tumour commenced to enlarge rapidly, now causing considerable pain in the splenic region. It was tapped for hydatid disease outside the Hospital, but no fluid was obtained.

When admitted he seemed to be a well-nourished muscular man. On examination there was found to be some bulging in the left hypochondrium. The distance from the ensiform cartilage to the spine was about two inches greater on the left than on the right side; and below the edge of the ribs could be felt the firm enlarged edge of a tumour lying in the usual region of the spleen. By percussion this could be made out to extend upwards posteriorly a considerable distance, and laterally as high as the fifth or sixth rib, and thence forward to within three inches of the midline. The apex beat of the heart was not displaced, but there was a distinct apical systolic bruit. There was also an obscure feeling of fluctuation over the tumour.

At a consultation held on 6th December 1882, the opinion was arrived at that the tumour was probably hydatid. Accordingly a fine trochar was passed into the lower part of the tumour, and felt to enter a thick-walled cyst, in which it could be freely moved about; no fluid, however, came away, so a small whalebone stilette was passed through the canula, and pushed into the cavity, but without any result.

The patient remained well till a few days afterwards, when he was seized with a rigor, which was followed by a rise of temperature to 104°, vomiting, and pain over the tumour. He very rapidly sank, and died of collapse, symptoms of peritoneal inflammation not being very marked.

At the autopsy the *spleen* weighed 7½lbs., and contained two hydatid cysts. The upper one was very large and unilocular, containing decomposing fluid, and at one point above was separated from the pleura only by a thinned portion of diaphragm. The lower tumour, which had been tapped, was small and had exceedingly tough fibroid walls. It contained a great number of gelatinous cysts of various sizes.

At the site of tapping there were many adhesions, and some local peritonitis. There was no general peritonitis, although there was some fluid blood in the peritoneal cavity. There were sub-pleural and sub-peritoneal petechial ecchymoses. The muscoli papillares of the left ventricle were fatty.

(c) *Neuro-fibromata* which Mr. Fitzgerald had removed from the median, ulnar, circumflex, and posterior tibial nerves. They had been in existence for years, but latterly caused more or less paralysis with intense pain on movement.

(d) *A Specimen of Resected Intestine*, a description of which may be found in the January number of the Journal.

EXHIBITS BY DR. ALLEN.

DR. ALLEN then exhibited the following specimens :

I.—Medullary Carcinoma of the root of the Right Lung and of the Liver.

The lower two-thirds of the root of the right lung is seen to be involved in a large grey fleshy growth, which infiltrates the walls of the main divisions of the right bronchus, and completely occludes the large bronchial tubes leading to the lower lobe of the lung. In the vertical section now shown, one of the primary divisions of the bronchus is seen surrounded by the tumour mass, while its calibre is completely occupied by similar growth ; the tube, in fact, being only indicated by the circle of cartilaginous plates lying in the tumour tissue. Other smaller bronchial tubes are seen in section, more or less distorted by compression and internal growth ; one for example, imbedded in the edge of the tumour, is triangular on section, with a small lumen, its mucous lining being much

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swollen by the malignant growth. The tubes leading to the upper lobe of the lung are comparatively free. The branches of the pulmonary vessels are compressed but not obliterated. The growth appears to have originated in the bronchus, and has spread to most of the glands surrounding the root of the lung, forming a somewhat nodular mass; but a few of the glands have escaped infection, and remain simply pigmented. The upper lobe of the lung was small, and extremely emphysematous; the lower was breaking up with diffuse suppuration, and the right pleural cavity contained purulent fluid.

Sections of the growth examined under the microscope proved very attractive, especially those which included the affected bronchial tubes. The tumour tissue was for the most part distinctly alveolar, the septa being thin and delicately fibrillar, infiltrated with numerous small rounded or elongate cells, while the cavities of the alveoli were stuffed full of nucleated cells mostly small and more or less rounded, but mingled with others larger and more distinctly epithelioid. Sections thus composed would be intersected by circularly disposed cartilaginous plates, with their voluminous nucleated cells evidently in process of multiplication, the perichondrium being densely infiltrated with small round cells. Between the several plates of cartilage the external growth was continuous with that within the tubes.

The Liver.—Only a small portion here shown: it contains numerous rounded nodules, similar in appearance to the growth before described. They vary in diameter from mere points up to half an inch or more. Their edges are tolerably defined, but there is no trace of encapsulation. They were found throughout the substance of the liver, and abutting on its capsule, but never projected from the surface in any marked degree. The weight of the liver was 62 ounces.

These specimens were obtained from W. M., a cabman, aged 65, who was admitted under the care of Dr. Fulton, on May 16, 1883, having been ailing about ten weeks; he attributed his illness to cold; it commenced with fever, vomiting and diarrhoea. During the last five weeks there had been epigastric pain, increased tendency to vomiting after meals, shivering and sweats at night, progressive shortness of breath, and marked debility. On admission the patient was very weak, but not emaciated, adipose tissue in fact being rather abundant. Vomiting after all solid food, and complaining also of slight cough with thin colourless watery.

sputa. Respirations 27. Marked dulness over the base of the right lung posteriorly, the breath sounds very faint or inaudible, and vocal fremitus increased. On the 22nd the patient was very weak, with rapid feeble pulse, and extremely slow breathing. Death occurred on the following day.

II.—Callous Ulcer of small curvature of Stomach.

Across the lesser curvature of the stomach runs a large deep callous ulcer of pyriform shape, narrow in front, broad and rounded behind; the ulcer is situated about mid-way between the pyloric and cardiac orifices, not directly encroaching upon either, but there is marked contraction of the whole lesser curvature, the two orifices being scarcely three inches apart. The length of the ulcer from before backwards over four inches; its greatest breadth posteriorly an inch and a quarter; its edges are very even and regular, not raised at all, for the most part shelving abruptly to the base, but undermined at its anterior and posterior extremities. The ulcer is deepest in front, where it presents a smoothly excavated pouch over four lines deep, the floor of which is firmly adherent to the inferior surface of the left lobe of the liver. In the centre and posteriorly the ulcer is less deep, its floor being bound down to the capsule of the pancreas, the lobular structure of that organ being at parts distinctly felt in the floor of the ulcer. In all this region the margin of the ulcer is smoothly shelving, the edge of the mucous membrane being bound down to the smooth shining base of the excavation. At the extreme posterior part the ulcer again deepens, the edge becoming undermined, and small nodules appearing in the floor. The walls of the ulcer are everywhere very tough and pale, and the right pneumogastric nerve becomes thoroughly involved in the indurated tissue forming its base. The left nerve was comparatively free.

I am indebted to Dr. Moore, the house physician, for the following notes of the case:—

R. T. F., a single man, æt. 60, was admitted under the care of Dr. Robertson on November 3rd, 1882. For many years he had been dyspeptic, suffering from flatus after meals, constipation, giddiness, and dimness of sight. Three years ago he had two attacks of hæmatemesis in successive days. From that time he improved somewhat, until a fortnight before admission, when he again had an attack of hæmatemesis. Since then he has had pain in the epigastrium and over the chest night and day.

On admission he was much emaciated, his countenance being expressive of great suffering. He was very tender over the epigastrium, especially in the midline, just below the tip of the sternum. Tongue furred and yellow ; bowels confined.

His bowels were opened by calomel ; the pain and vomiting were relieved by blistering the epigastrium, and applying morphia locally, and by the administration of bismuth and opium internally. Under this treatment, aided by slop diet, rest and tonics, he improved sufficiently to be made an out-patient on December 23rd, 1882.

Outside the Hospital he soon became worse, and was re-admitted five days later, with pains in abdomen, flatulence, and hiccup. His tongue was broad and flabby, and his bowels confined. From this time he suffered severe pain in the epigastrium and all over the chest, relieved temporarily by opium only. He remained in much the same condition until April 10th, when he had profuse hæmatemesis, after which he was cold and collapsed. Ergotine gr. ij and morphia gr. $\frac{1}{4}$, were injected hypodermically. He never rallied properly from this attack. On the 10th May he vomited a large quantity of coffee-ground fluid mixed with mucus. Death occurred on the 18th May.

III.—Bronchiectasis.

This specimen consists of a vertical section of the lower part of the right lung, which is converted into a congeries of firm-walled cavities of varying size, separated by thin septa of tough inelastic fibroid tissue. The pleura also is much thickened and opaque. Higher up, this extreme dilatation of the bronchial tubes gave place to simple vesicular emphysema.

It was removed from an old man who was operated upon by Dr. Beaney for stricture of the urethra. After death a large ulcerating excavated malignant growth was found in the bladder, involving the orifice of the right ureter. There was marked dilatation of the ureter, and of the pelvis and calyces of the corresponding kidney.

IV.—Chronic Ulceration of Colon.

The cæcum and ascending colon present broad bands of ulceration, passing transversely around the intestine, and sometimes completely encircling it. But the surfaces of these bands are very irregular ; large patches of superficial ulceration surround little islets of comparatively healthy or papillated mucous membrane ; here and

there the central portions have partly or completely healed, pigmented depressions alone remaining, while at the margins of the bands fresh ulceration is in progress. Not unfrequently these broad shallow ulcers are thinly studded with small pits of considerable depth, or with projecting tags of mucous membrane set free by the burrowing of the ulcerative process.

This specimen was obtained from A. D., æt. 38, who was admitted under the care of Dr. Moloney on 4th May, 1883, and died on 6th June. Her illness commenced three months before admission, the leading feature from beginning to end being intractable diarrhœa. There was a history of intercurrent œdema of the legs, which passed off with rest. There was marked emaciation, but no history of cough until two days before she came to the Hospital. At the autopsy, however, there was a ragged cavity at the apex of the right lung; recent patches of lobular consolidation, cheesy nodules, and indistinct miliary tubercles were scattered through both lungs.

The case illustrates the intractable nature of phthisical ulceration, despite the evident efforts at repair and cicatrization.

V.—Recent Specimens of Typhoid Fever.

(a) *Typhoid with Intense Bowel Lesion—Death on twenty-first day.*—This specimen shows the ileocæcal valve and lower part of the ileum from a case of typhoid with intense local lesion. Peyer's patches are much swollen, with opaque rugous or papillose surfaces, hollowed out here and there into deep pits with pale bases, which in some cases perforated almost to the subperitoneal coat. The edges of the patches are thickened, raised, sometimes more or less undermined. There has been slight hæmorrhage from a patch about five inches above the valve. Higher up in the ileum, the Peyer's patches were much swollen, covered with adherent yellow slough, with much surrounding congestion. Eight feet above the valve nothing was noticeable except slight pigmentation, or a filamentous appearance of the patches.

At the autopsy the mesenteric glands were found swollen, purple and succulent; the spleen turgid, weighing over 16 ounces; the kidneys large, pale, friable, with streaky cortices, weighing together 15½ ounces; the lungs much congested and friable.

The patient, J. C., æt. 25, was admitted under the care of Dr. Moloney, on May 17th, 1883. He had been ill a fortnight with headache, shivering, sleeplessness, diarrhœa, and slight cough.

On admission the face was slightly flushed, the skin moist but hot, the bowels loose, a few rose spots being visible on the abdomen.

On the 22nd subsultus tendinum set in, followed by delirium, the bowels continuing open, but not very loose. Death ensued on May 24th, or, according to the history, about the 21st day of the disease.

The following is the record of temperature taken night and morning :

1883.	Morning.	Evening.	1883.	Morning.	Evening.
May 17.	..	102.0°	May 21.	101.2°	103.6°
„ 18.	102.4°	103.0	„ 22.	101.0	102.6
„ 19.	102.0	103.0	„ 23.	101.8	105.2
„ 20.	103.0	104.0	„ 24.	105.2	Died.

(b.) *Typhoid with intense bowel lesion.*—Here is another specimen of the lower part of the ileum, including the valves, very similar to the foregoing, but apparently more advanced and paler in colour. Peyer's patches are much swollen, with raised edges, their bases being very uneven, papillose, at parts finely pitted, at parts presenting deep pale excavations. The solitary glands around are much swollen, with yellowish grey sloughy gummitis.

This specimen was obtained from S. L., aged 19, who was admitted under the care of Dr. Fulton on May 14th, 1883. She stated that she had been ill six days with shivering, followed by headache and fever, the bowels being confined. On admission, the skin was hot and moist; the respirations 36; tongue coated; no spots; no pain in the right iliac fossa, but marked pain over the spleen. On the 19th delirium set in, and pain in the right iliac fossa. The delirium became more constant, and death ensued on the 23rd. According to the history this would be only the 15th day of the disease, but I believe it was later.

The following table shows the range of temperature :

1883.	Morning.	Evening.	1883.	Morning.	Evening.
May 14.	..	104.6°	May 19.	102.0°	101.0°
„ 15.	103.0°	103.0	„ 20.	101.8	102.4
„ 16.	103.0	104.0	„ 21.	101.0	103.0
„ 17.	103.0	103.0	„ 22.	99.0	102.6
„ 18.	101.0	102.6	„ 23.	105.0	Died.

For the clinical notes of the last two cases I am indebted to Dr. Harbison.

(c) *Typhoid with Sloughing Ulcers.*—Here may be seen large Peyer's patches, swollen, pale, closely studded with small shallow

pits. Lower down the ileum the ulcers were large, and covered with slough. The solitary glands were swollen, sometimes sloughing; the mesenteric glands swollen, purple, and soft; the spleen large and turgid.

Dr. Moore, who made the post mortem examination, informs me that the patient, P. C., æt. 26, was admitted, under the care of Dr. Williams, on 29th May, 1883. He stated that he had been four ill weeks. First he noticed shivering, loss of appetite, thirst, prostration, pains all over the body. The bowels had not been open, he said, for fourteen days. On the morning of admission, the pulse was 96; the temperature 102°; the tongue coated; the abdomen tympanitic, with some doubtful spots. There was no tenderness. The abdomen became more and more distended, the tongue dry, the bowels loose, with marked delirium, which soon became low and muttering. The skin acted very profusely. The pulse rose to 138, becoming very weak and compressible, and death ensued on 3rd June.

The following temperatures were recorded :

1883.	Morning.	Evening.	
May 29.	102·0°	104·0°	
„ 30.	102·0	104·0	
„ 31.	102·4	104·0	
June 1.	101·0	104·6	Respirations 42.
„ 2.	102·0	105·0	
„ 3.	103·0	Died.	

VI.—Malformation of Kidney.

The left kidney here shown was unusually movable, lying in a very imperfect mesentery; it is constricted across the centre, its posterior surface being flat, while its anterior surface is crossed by an irregular L shaped depression constituting the hilus. The ureter rises from the hilus in four divisions, which soon unite, the main tube then passing downwards along a distinct groove on the anterior surface of the kidney. The veins leave the organ on the anterior surface by two distinct vessels, an upper and a lower. The artery divides into two main branches, one passing to the inner end of the hilus in front of the kidney, the other passing behind the organ to the outer border where it entered the left end of the transverse constriction.

EXHIBITS OF INSTRUMENTS.

Messrs. Mayer and Meltzer also exhibited a collection of novel surgical and obstetrical instruments, which attracted considerable attention, the workmanship and finish being excellent.

Hospital Reports.

MELBOURNE HOSPITAL.

Case of Ruptured Intestine, at first Simulating Strangulated Hernia—Abdominal Section—Death.

Under the care of Mr. FITZGERALD.

Reported by G. ADLINGTON SYME, M.B., Ch.B.

Resident Surgeon.

J. G., æt. 58, was admitted on the 18th April, 1883, complaining of pain "of a sickly nature" about the navel, in both groins, and in the scrotum; vomiting, and constipation. He stated that he had been ruptured on the right side for twenty years, and on the left side for twelve years. Both ruptures appeared gradually. He had always been able to reduce them, and had worn a double truss. The evening before admission he slipped while running, and fell forward on his face, so that the truss he was wearing was driven forcibly against the abdomen. He immediately experienced great pain, vomiting set in, and has continued ever since. He removed the truss on going to bed; the ruptures came down, and he has not attempted to reduce them. His bowels acted on the morning of the 16th, but not since.

His expression was very anxious, and he was restless and vomited frequently, but the ejected matters were not fecal in character. The abdomen was somewhat tympanitic, and very tender, the muscles being rigid. There was a tender, tense, oval swelling in the right inguinal region, not extending at all into the scrotum. It was about the size of an orange, and gave no impulse on coughing. Over the left inguinal region was a smaller swelling, not nearly so tender and not at all tense.

Temp. 101°; skin moist; pulse 140, small, rather firm; resp. 24, thoracic.

2.45 p.m.—Anæsthetised with ether. Hernia on left side easily reduced. Taxis applied to swelling on right side, which returned into the abdomen with a gurgle, but reappeared again every time it was reduced, though it did not feel as if it contained intestine. Mr. Fitzgerald then decided to cut down upon the sac. This was done in the usual manner, the tissues being divided layer by layer on a director under strict antiseptic precautions. The sac was greatly thickened, and contained fluid feces, but no intestine or omentum. It was now obvious that the intestine had been

ruptured, and Mr. Fitzgerald determined to open the abdomen and seek for the rupture. The original incision was enlarged obliquely to the right side as high as the level of the umbilicus, and the intestines withdrawn, coil by coil, and examined. They were deeply congested, thickened, and coated with lymph, and in one of the coils a small rupture was found. A warm solution of carbolic acid (about 1 in 200) was then injected through the intestines, and the peritoneal cavity was thoroughly washed out in the same way until all fæcal matter had been removed. The rupture was then stitched with a continuous suture of fine kangaroo tendon, so applied as to approximate the peritoneal surfaces. The intestines were returned coil by coil, and the wound closed by deep hare-lip pins, which brought the parietal layer of the peritoneum into apposition, and by superficial hair sutures. A drainage tube was inserted, and the usual Listerian dressings applied. Hypodermic injections—one of $\frac{1}{4}$ gr. of morphia with $\frac{1}{160}$ gr. of atropine, and one of $\frac{1}{2}$ oz. of brandy were administered.

4 p.m.—Very low. Pulse very hurried, almost imperceptible at times. Breathing laboured; feet cold; face dusky. Ordered champagne, and a pill containing

Rk Pulv. Opil. gr. i.

Quin. Sulph. gr. i.

every three hours as long as awake.

7.30 p.m.—Roused a little. Pulse 184; temp. 100°. $\frac{1}{4}$ oz. brandy given subcutaneously.

9.30 p.m.—Temp. 104°; pulse 180, almost imperceptible. Respiration difficult. Morphia $\frac{1}{4}$ gr., given subcutaneously.

10.30 p.m.—Died.

GEELONG HOSPITAL.

Cases under the care Mr. D. B. REID, Honorary Surgeon, and
FOSSEY J. NEWMAN, Resident Surgeon.

I.—External Dislocation of the Patella from direct violence.

Alfred F., æt. 20. On the morning of admission, November 11th, 1882, was yarding some sheep, when one of them rushed at him and butted him against the rail fencing, striking him on the front and inner side of the right knee. He was knocked down by the force of the blow, and found that he was unable to get up or even move the leg. He was immediately brought into the hospital, which was reached about an hour after the accident. On examination the right patella was at once seen to be dislocated

almost completely outwards, its front surface looking outwards and forwards, forming a marked, sharply-defined prominence on the outer aspect of the knee. The joint itself was greatly swollen from effusion; the limb was stiffly held in a slightly flexed position on the thigh, the least movement causing intense pain. Reduction was effected by raising the external edge of the patella, (which was directed obliquely backwards, and behind which the fingers could obtain a fairly firm grasp), and manipulating the bone back again into its place, whilst the thigh was forcibly flexed. Elevated long back splint, ice-bags, Scott's dressing, strapping, and plaster-of-Paris bandage aided the absorption of the effusion and the final cure.

II.—Compound Depressed Fracture of Skull without symptoms.

James W. set. 12. On day of admission (September 29th, 1882) was standing on the local pier watching the painters at work on the yard-arms of the *Ben Voirlich*, which was berthed alongside, when he was struck on the crown of the head by a heavy paint pot, which was blown by the wind from the royal yard, and had thus fallen over 100 feet. He was knocked down, his legs doubling under him, but he got up immediately afterwards, and was able to walk to the end of the pier, where he was placed in a cab and brought to the hospital. He, however, appeared to be quite "silly" from the time he received the blow until his admission, about half-an-hour afterwards. On examination there was a contused wound of the scalp about an inch long over the left parietal eminence. The vault of the skull was visibly fractured at the bottom of the wound. The fracture was horizontal in direction, its upper edge being a good deal depressed beneath the lower edge, which was prominent just within the border of wound. Temperature normal; pupils normal; pulse 88; no sign of paralysis. The lad was quite conscious, and answered questions intelligently. Some eight hours afterwards he vomited three or four times, but was quite free from pain. Pulse somewhat quicker, 96. Respirations perfectly easy and regular. The wound was dressed with simple carbolic lotion, and beyond an occasional dose of calomel nothing was given or done to the child, who made an uninterruptedly good recovery, the edges of the wound uniting and covering up the fracture within four weeks. There was, however, a well-marked depression at the site of injury, and the inferior edge of the fracture was still to be felt as a distinctly prominent ridge.

Under the care of Dr. P. A. CROKER, Honorary Physician, and
FOSSEY J. NEWMAN, Resident Surgeon.

I.—Pleuro-pneumonia—Empyema—Thrombosis of Thigh.

George A., æt. 26, carter, admitted March 28th, 1882. A fortnight previously he overheated himself while loading grain, was immediately afterwards exposed to the rain while going home and wet through. Was next day uneasy, feverish, and had severe headache. He became more feverish towards the evening, and was troubled with slight irritable cough. On admission his skin was hot and dry, temp. 103.8° ; cheeks very flushed; pulse hard and quick, 110; respirations 40. Dulness over right chest in front, at side and behind, especially marked at the base. All over this side the respiratory murmur was absent, the breathing being altogether tubular. The voice sounds were loudly transmitted. On the left side the breathing was louder and more distinct, the vesicular murmur increased. Right side of the chest on measurement exceeded the left by half an inch. Cough was frequent and hacking; sputa rusty and tenacious. In a few days the left lung became similarly involved; delirium supervened and became continuous for the next week. In the third week the right leg and thigh suddenly became swollen and tense; delirium subsided, and though there were occasional twitchings in the limb, in the intervals the swelling appeared to be comparatively painless. The enlargement gradually went down again within the next fortnight, but patient had now occasional rigors, and became much worse. Cough and dyspnœa increased, dulness over the right side and posterior surface of the chest more marked, and the respiratory sounds distant and almost inaudible. The right chest was now aspirated below the lower angle of the scapula and about two pints of pus drawn off, giving great relief for some time, but he again became worse, and was re-aspirated five days afterwards, and about six pints of pus evacuated. For the next three weeks he improved wonderfully, but then again relapsed; cough becoming almost incessant, and the expectoration exceedingly profuse. He sank into a low typhoid state, and appeared almost moribund. There was now only a limited patch of dulness in the right subscapular region. A wide trocar and canula was introduced, and about ten ounces of pus drawn off. Dyspnœa was relieved almost immediately; cough ceased, and patient made an uninterruptedly good recovery. The canula, which had been tied

in, was removed at the end of the week, and a drainage-tube then introduced through the wound, the cavity being syringed daily with tepid iodine water.

Patient was made an out-patient whilst still wearing the tube; the discharge has been gradually lessening, and he has been getting about and working almost as well as before his illness. The affected side has contracted somewhat, and is about an inch less in circumference than the other.

Australian Medical Journal.

JUNE 1883.

THE UNIVERSITY OF MELBOURNE.

Looking at the present condition of the University of Melbourne, it is difficult to realise how short has been its history. Only thirty years have elapsed since the Act of Incorporation was passed, the foundation stone of the buildings being laid in 1854, and the first Matriculation Examination held in 1855. The Calendar for last year shows that before the close of the February Term, 1882, two hundred and thirty-two gentlemen had been admitted full graduates of the University; three hundred and forty-three had attained the rank of Bachelor in Arts, Law, or Medicine; twenty-nine had received the certificate of Civil Engineer, while the roll of undergraduates numbered nearly eighteen hundred. Or, dealing with recent times only, during the University year 1881-2 over a thousand students presented themselves at the preliminary examinations, of whom 471 passed for the Civil Service, and 392 for Matriculation; in the same year two hundred and twenty-six students passed the various Ordinary Examinations for junior degrees, and ten for senior degrees; seventy diplomas and certificates being conferred during the twelve months.

The School of Medicine, in which we are more particularly interested, was not opened until 1862, but it has already outstripped the other Faculties in growth. Commencing in 1862 with only four students, the number actually attending

lectures grew to thirty-seven in 1872; to over a hundred in 1879; and last year to about a hundred and eighty. At present the dissecting class alone includes between ninety and a hundred students.

In the face of this extraordinary development, the endowment of the University has never been increased since its foundation, remaining £9000 per annum as at the outset. With the exception of the Chemical Laboratory, not a room has been added to the Medical School, nor a single extension made since its erection. On the other hand, a reference to the Appropriation Act of last year shows that over half a million is spent annually on primary instruction in the colony. Surely it is high time that more generous provision should be made for the diffusion of higher education amongst us.

A deputation from the Council has just waited upon the Premier, asking the Government to increase the annual endowment, and by yearly instalments to provide for such additions to the University buildings as will render them thoroughly adequate to the requirements of the large classes which now assemble in them. The necessities of the Medical School were rightly preferred by the deputation as of greatest urgency, and deserving primary attention. Mr. Service, in returning a generally favourable answer, indicated that in his opinion also the first expenditure should be devoted to enlargement of the Medical School. Hence it is probable that ere long the necessary library, laboratory, and museum accommodation will be forthcoming, so that the more scientific branches of medical education may be pursued with greater facility than in the past.

Mr. Service has invited the Council to furnish him with a coherent scheme for the extensions of the University, and promises to make some provision in the Estimates for commencing the work. The coming session of Parliament will therefore be watched with some anxiety by the friends of our school, and in our next number we trust to be able to give further information concerning the plans of the University and the intentions of the Government.

PROPOSED ENLARGEMENT OF THE MEDICAL SCHOOL.

In a report to the Council of the University, dated April 6th, the Professorial Board has drawn attention to the inadequacy of the accommodation provided both in the main University and in the Medical School. We publish in full the recommendations of the Board relating to the Medical School :

“(1) The growth of the Medical School has so greatly exceeded all anticipations that the buildings originally provided are now quite inadequate. The number of students attending lectures was only four in 1862 ; in 1876 it was 58 ; in 1879, 109 ; in 1880, 137 ; in 1881, 159 ; in 1882, 180.

“(2) The Library is altogether too small for the number of students who frequent it ; from want of proper space, books and papers are stored in the room set apart for the Curator of the museum ; and there is no fit receptacle for recent periodicals.

“(3) The room devoted to the Medical Museum is also too small to allow any great enlargement of the present collection of specimens ; and it would be thoroughly crowded if the proposed transfer of the preparations now at the Melbourne Hospital were carried into effect.

“(4) It is therefore advisable that the Library be enlarged by throwing the present Museum into it, removing the partition wall which now separates the two apartments ; and that a new Museum be erected of considerably larger size to receive the combined University and Hospital collections.

“(5) In accordance with the foregoing recommendation, the Chemistry Lecture Theatre should be reserved for its proper purpose, so as to facilitate the preparation of illustrative experiments, and prevent the necessity of removing all apparatus and chemicals while the room is used for other lectures.

“(6) Considerable inconvenience arises from the demonstrations of Practical Physiology and Histology being given in the Chemical Laboratory ; no experiments or researches of any duration can be conducted there ; and under present conditions the course of practical study must be imperfect. A proper Physiological Laboratory, well lighted, and of sufficient size, should now be provided, with small rooms adjacent to it, in which instruments can be stored and the more delicate and prolonged experiments conducted.

"(7) The Dissecting Class has during recent years been rapidly growing. In 1864 the first student commenced to dissect; in 1876, 30 students were so engaged; in 1880, 63; in 1881, 75; in 1882, 79; and this year provision must be made for about 90. The Dissecting Room will be inconveniently crowded, and its enlargement or reconstruction is therefore necessary. The dead-house and preparing rooms attached to it are altogether too small.

"(8) Instead of enlarging the Dissecting Room, and adding a larger coffin room and injecting room to it, it would be more advantageous to convert the present Dissecting Room into a Physiological Laboratory, for which it could be made quite suitable at small expense. A larger dissecting room must be built, with adequate appurtenances.

"(9) A private workroom should be provided for the Professor of Anatomy and Pathology; and at least *one*, preferably two, new Lecture Theatres should be erected.

"(9A) For the adequate instruction of students in Practical Metallurgy a special Laboratory is required, fitted with furnaces and other appliances for large experiments. If built in continuation with the present Chemical Laboratory, it would at the same time increase the space for the classes in Practical Chemistry, and greatly facilitate the work of the Professor and students. The ventilation of the Chemistry Theatre is extremely bad, the evil being aggravated by the largeness of the classes. A detached shed, with small cellar beneath, should also be provided for the preparation and storage of noxious or explosive compounds.

"(10) The present accommodation for students is utterly inadequate, and great inconvenience thereby results. A larger room should be provided, but the present difficulty could be lessened by the erection of additional lockers in the existing rooms.

"(11) The attendant's quarters are wretchedly small and badly constructed, and are in immediate proximity to the closets. It is advisable that a proper lodge should be erected for him and his family, preferably detached and situated close to the Madeline-street gate."

"The Board has addressed itself only to those of the wants of the University which are so pressing as to call for immediate attention, in order to enable the teaching and the administration to be carried on with reasonable efficiency. Two other matters of urgency, viz., the provision of a new fence for the grounds and of

houses for the Professors, have not been referred to in this Report, because it is understood that they are already under the consideration of the Council.

"The Board, in conclusion, trusts that it may without impropriety offer to the Council, by way of suggestion, the following outline of a scheme in accordance with which in the opinion of the Board the extensions and improvements in the main building and in the Medical School may best be carried into effect :

"(1) The erection of the front of the main building should be proceeded with according to a design in harmony with the architectural proportions of the Wilson Hall. A library and council chamber should *inter alia* be provided in the new portion, and the rooms now used for those purposes converted into lecture theatres, private studies, &c.

"(2) The plans submitted by the Faculty of Medicine in 1881 would provide for most of the additions and improvements now suggested for the Medical School. But possibly it might be preferable to modify the scheme of the Faculty, so that the new buildings should not encroach further South, but should present a solid face to Madeline-street. An alternative plan might be obtained to this effect, with rough estimates of the necessary expenditure involved. The scheme recommended by the Faculty has however the advantage that it could be executed gradually as the Funds of the University permit.

"(3) An estimate of the probable cost of the whole of the additions and alterations should be prepared and submitted to the Government, with an application for an annual vote of, say £20,000, until the work is accomplished.

"(4) This application should be accompanied with a request that the permanent endowment under the Act of Incorporation may be increased by, say £5,000 per annum. The steady increase in the number of students, the corresponding development of the teaching staff, the incessant demand for further extension of University teaching, and the very low rate of fees charged to students, constitute, in the opinion of the Board, reasons of much weight in favour of the increase desired."

This report has been adopted by the Council, and a deputation headed by the Vice-Chancellor has already waited upon the Premier, who appeared to be decidedly impressed with the necessity for prompt attention to the requirements of the Medical Schools.

Correspondence.

A CORRECTION.

To the Editor of the Australian Medical Journal.

Sir,—Kindly correct the following:—In my article of April 15th, *re* sponge-grafting, p. 148. It reads—“Then graft in the sponge along the incisions, and then *sponge-graft between* the incisions, when the new healthy granulations appear.”

It should read—“Then graft in the sponge along the incisions, and then *skin-graft on* the incisions, when the new healthy granulations appear.”—And oblige,

Yours obediently,

HARRY A. DE LAUTOUR.

Oamaru, N.Z., June 15th, 1888.

Extracts from the Medical Journals.

THE LANCETS.

Pneumonia with Pericarditis.

Dr. Octavius Sturges thus advises expectant treatment of this complication of pneumonia. “Pneumonic pericarditis is unlike the rheumatic in that there is not the same sympathy on the part of the endocardium. The sanction for drugs therefore, arising out of the jeopardy to the valves, which the rubbing implies in acute rheumatism, is absent. What then! is pneumonic pericarditis to be left to itself? I am bold enough to think so, until some one will tell me explicitly what good he hopes to do; what kind of beneficial change, I mean, he thinks to produce in the inflammatory exudation, by what is called active interference. Pneumonia tends to recovery, and so does pericarditis; that tendency may be thwarted in several ways in both cases, and in the case of the last most, but it is equally apparent in both.

But you say, pneumonia combined with pericarditis is apt to end fatally. Yes, but why? not because of the pericarditis, but because of what pericarditis entails. Look at the specimen now before you. Here is an inflamed pericardium, not adherent (there was just fluid enough to keep its surfaces apart), not purulent, not greatly harmful in itself, but comparable in its course and origin to the inflammatory exudation of simple pleurisy. But its

situation makes all the difference. The chief clinical features of pericarditis, and that which constitutes its immediate danger, is the cardiac weakness it produces. Hence it is that dyspnoea, faintness, and the sensation and aspect of "cardiac anxiety" are common symptoms of the disease; hence, also, it is apt to be fatal by way of syncope or asthenia, and has for its frequent consequence, where death is delayed, pulmonary œdema."

The Treatment of Enlarged Prostate.

Mr. W. S. Savory in "Notes on Surgery," states that when complete retention of urine from enlarged prostate occurs, it frequently happens that the introduction of an instrument is followed by temporary return of power to micturate. The cause of the difficulty being a mechanical one, the instrument does good by pushing aside that portion of the enlarged prostate which is most immediately concerned in producing the obstruction. He advises that the catheter should be retained for some time after it has been introduced, as the good effect will then last much longer. For this purpose a silver catheter is preferable. He adds that it is much easier in many cases to introduce a catheter with the ordinary curve than the one made especially for this condition.

On the Treatment of Stricture of the Urethra.

The following significant note from the pen of Mr. Savory is quoted *in extenso* :

"It may be well from time to time to call attention to the still prevalent practice of treating all cases of stricture of the urethra by the introduction of instruments. I say all cases: for when a stricture has been once made out, does it ever escape bougies? How many cases occur of contraction due to spasm, or to temporary thickening of the membrane from inflammation or congestion, which if left alone would speedily clear up, but which are worried into permanent stricture by such mischievous activity? Even when organic stricture is established, how very seldom does it come under the notice of the surgeon uncomplicated by inflammation or congestion or spasm; and are these conditions to be subdued by the employment of instruments? Is this in accordance with any recognised principle in surgery? Many cases of so-called stricture need no instrumental interference from first to last, and by such means are only made worse; and of those cases in which much may be done at the proper stage by the judicious use of instruments, there are very few which do not require, for

some time previously and simultaneously, treatment in the way of rest and other measures to subdue the active mischief, which in ordinary circumstances is almost invariably associated in some degree with passive structural contraction."

Tetanus.

Mr. Stenson Hooker contributes the following remark to a detailed report of a case of Tetanus :

"The interest in this case lies in its exceptional prolongation. Twenty days passed before the slightest cessation of spasm took place ; twenty-four before the muscles even commenced to relax ; while fifty days passed before there was absolute freedom from rigidity and spasm. This I believe to be the longest case on record."

The drug which was used—Calabar bean—produced an uncommon physiological effect—the patient being for three days totally blind.

R. A. S.

THE BRITISH MEDICAL JOURNAL.

Dr. J. Marion Sims gives a very interesting account of the treatment of syphilis by the native Indians in Alabama. The disease was very prevalent among them, and their "medicine men" had the reputation of speedily curing it. Several cases of secondary syphilis which had resisted the usual remedies in the hands of the best physicians were rapidly cured by a coloured man named Lawson. The method of treatment pursued by him was soon taken up by Dr. McDade. The remedies consisted of ten or a dozen indigenous roots, a handful of each, with a certain quantity of salt, alum, and iron slugs put into three gallons of water, and boiled down to one gallon ; of this the patient took half a pint three times a day. There was also a decoction of roots for washing the syphilitic sores. Dr. McDade, having eliminated the alum, salt, iron nails and slugs, and all the roots that he knew were absolutely inert, then proceeded to select the few ingredients that were known to possess medicinal properties. The following is his formula : fluid extract of smilax sarsaparilla, fluid extract of stillingia sylvatica (queen's delight), fluid extract of lappa minor (burdock), fluid extract of phytolacca decandra (poke root), āā 3ij, tincture of xanthoxylum Carolinianum (prickly ash), 3j; take a teaspoonful in water three times a day before meals, and gradually increase to tablespoonful doses.

The *Cascara Sagrada* (*rhamnus purshiana*), a small tree indigenous to the Pacific coast of North America, is strongly recommended not only as a purgative but as a cure for constipation, particularly in cases of torpidity of the liver, with scanty dry stools and indigestion.

Dr. Mortimer Granville recommends the following prescription in acute rheumatism: R Tincturæ aconiti (P.B.) m. xij, ammonii sulphidi gr. xvj, aquæ menthæ viridis distill. 3 vj. The dose is a fourth part every third or fourth hour until pain is relieved.

Dr. J. Brindley James has used with great success the hypodermic injection of ether in cases of sciatica and lumbago. He commences with ten minims, and gradually increases the amount up to thirty minims.

A Novel Agent in the Radical Cure of Hydrocele.—Dr. Walker (late 55th Regt.) having tapped a hydrocele accidentally injected some liquor ergotæ (Battley) instead of tincture of iodine. The case turned out so well that he pursued the same treatment in two other cases, and with the same success.

W .B. W.

MEDICAL TIMES AND GAZETTE.

Dr. Sansom's Second Lettsomian Lecture.—This lecture was on the subject of mitral regurgitation. He believes that the systolic apical murmurs heard after hæmorrhage, or in cases of anæmia, are due to actual regurgitation. There is no deficiency in the quantity, but the quality of the blood is altered, and as a result, the cardiac muscle acts imperfectly. The auriculo-ventricular orifice is not sufficiently contracted, and the valves are not large enough to close it. If the condition persists, fatty degeneration of the heart muscle may be induced. The best treatment is by rest and suitable nourishment, i.e. nutrient suppositories of artificially digested foods, &c., iron and tonics being useless. The apical systolic bruit sometimes heard in typhoid fever is due in the same way to degeneration of the muscular fibre—a sort of myo-carditis. This is shown not only by the bruit, but also by the disturbed rhythm and reduplication of the sounds. The transient apical murmur heard in acute or sub-acute rheumatism, is probably due to a localised myo-carditis. If mitral regurgitation however becomes permanent, hypertrophy and dilatation of the heart cavities ensue, and if the latter predominates, or the former

fails to compensate, the question of treatment arises. He believes that digitalis, either hypodermically as digitaline, or by the ordinary preparations in medium doses, is the most useful drug, and should be combined with moderate venesection. Caffeine and its citrate are especially valuable where there is much anasarca, as they act as powerful and rapid diuretics, and have an action similar to digitalis. Convallaria has a distinct action in raising the blood pressure, but is not notably superior to digitalis. Morphia hypodermically is of very great service to relieve the dyspnoea and insomnia due to heart failure. Beside this specific cardiac treatment—that by nutrient enemata and suppositories is very necessary. Lastly, the mitral regurgitation due to the high arterial tension resulting from gout, renal disease, &c., can be distinguished from the other forms by the accentuation of the second aortic sound, the existence of hypertrophy, and the absence of marked dilatation, and is best treated by a protracted course of alkalies.

Radical Cure for Inguinal Hernia.—Dr. Whitson describes an operation for the radical cure of this form of hernia, which consists in cutting down on the external abdominal ring, opening the sac and removing a large portion of it, then sewing the ring up with chromicised catgut which he carefully prepares, and which will resist the action of the tissues for fourteen days. Three sutures are put in, drawn tight, and secured with reef knots. He does not believe that silver wire can remain in the body permanently without causing irritation.

Abscess in the Brain in Typhoid Fever.—Max Weiss reports such a case. A woman æt. 21, six days before death was seized with vertigo and left side paralysis, followed by clonic and tonic spasms of the same side. After death an abscess was found in the right hemisphere of the brain, and in the ileum the cicatrices of typhoid ulcers.

Huge Aortic Aneurism.—Dr. Penny reports a case of aneurism of the descending aorta, which simulated pleuritic effusion. It extended from just below the origin of the left subclavian artery to the celiac axis, and contained 4 lbs. of clot and eroded the vertebræ. It had begun as a dissecting aneurism, the remnant of the internal coat still existing in the middle of its cavity. The left lung was quite collapsed and airless.

J. W. B.

NEW YORK MEDICAL RECORD.

Immunity from contagious fevers by inoculation with diluted virus.—Mr. D. E. Salmon claims to have discovered a method of producing a virus of standard strength, which contains a practically constant number of disease germs in every given drop. The disease experimented on was fowl cholera, and he concludes:

First.—A single disease germ cannot produce this disease. It cannot even multiply sufficiently to produce a local irritation at the point of inoculation.

Second.—Local resistance to germs may fail, while the constitutional resistance may still be perfect, and in this case there may be a local multiplication of the germs for two to three weeks, without any disturbance of the general health.

Third.—This local multiplication of the virus is sufficient to grant a complete immunity from the effects of such virus in the future.

Davy's Rectal Rod has been used with success by Dr. R. F. Weir, in a case of hip-joint amputation. The rod, about two feet long, and the thickness of the finger, was passed up the rectum about eight inches until it reached the common iliac artery, which it pressed against the subjacent structures, effectually controlling all hæmorrhage during the operation.

Catarrhal Headaches.—Dr. R. C. Brandeis draws attention to the frequent causal connection between disease of the nasal and accessory cavities, and headache, and other neuralgic pains. Acute coryza, chronic catarrhal rhinitis, nasal polypi, may be all attended with severe pain in the frontal region, and he has known many cases of severe persistent headache which have had all the changes of treatment rung upon them, and have only disappeared when the nasal cavity was resolved to its normal condition.

In these cases there is consecutive inflammation of the frontal sinuses, the swollen mucous membrane soon blocks up the narrow infundibulum and anterior ethmoidal cells, the secretion is pent up in the sinus, and presses against its walls, causing the pain. The treatment advocated is to stimulate the mucous membrane to active secretion, and so diminish the congestion and increase of bulk. Sometimes the mucous membrane is so hypertrophied that operative measures alone will suffice to remove the obstruction.

Prolonged Progresso-Thermal Retrojections in Gonorrhœa.—Dr. H. Holbrook Curtis has arranged a simple apparatus by which he

can pass a continuous stream of hot water through the urethra from the prostatic portion outward, increasing the temperature of the water all the time, till it reaches as much as 180° or 190° Fahr. In this way he passes as much as ten quarts or more. He claims that by this method the duration is shortened by at least two-thirds, the discharge at once becoming thin and gleety; there is absence of pain and chordee. Stricture as a sequel is improbable.

The *Complete Absence of the Aortic Orifice* was noted by Dr. Alfred Meyer in a case of cyanosis, which lived twenty-seven days. The arch of the aorta ended as a blind sac at the base of the heart, with no trace of the semilunar valves. The septum ventriculorum was complete.

G. A. S.

GERMAN MEDICAL JOURNALS.

Albuminuria.

The *Berlin. Klin. Wochenschrift*, for December 4th, has a full report of a lecture by Professor Senator on the hygienic treatment of albuminuria. He first of all runs over shortly the various kinds of medicinal treatment which have been recommended, and expresses the conviction that very little is to be expected from them—at least, in chronic cases—with the single exception of iodide of potassium, which he has sometimes found clearly useful. He then enters into details of the general management of such cases, beginning naturally with diet. Senator refers to the undue stress laid generally on the mere amount of albumen lost to the system in the urine, as it really is seldom greater than about one-half per cent., and he calculates that, even in a moderately severe case, the amount of albumen lost in a week is not more than is contained in half-a-pound of beef. Again, he points out that there is reason for believing that the albumen acts as an irritant, and that though comparatively little is known about the different forms of albumen which pass off in the urine, it has been shown by Lehmann and Stockvis that, when white of egg is introduced into the circulation, not only does that escape by the kidneys, but a surplus of other albuminoids accompanies it. It is not unlikely that the same is true of other forms than the egg albumen, particularly if the system is overloaded. The lessons with regard to diet are—not to give eggs at all, and to be more sparing even with meat than is often the case. Any excess may act injuriously in two ways: by increasing unnecessarily the amount of urea, and other

nitrogenous waste products in the blood; and also by pouring into the system an overplus of peptones, or other albuminous matters, which may simply have to be excreted, and cause irritation in the act. According to Christison, cheese is apt to act like eggs in increasing the amount of albumen, and therefore is not good. Generally, then, the amount of animal food should be restricted, and a preference given to fish, fowl, and young meats. Vegetables and fruit should be used freely, with the exception of the leguminous vegetables, which are too rich in albumens. Fats of various kinds are good, but the amount used will have to depend on the state of the digestion, any derangement of that having a bad effect. With reference to this, Senator says that very full meals should be avoided, as it is an occasional observation that, even in healthy persons, albumen appears after a very heavy meal. Persons suffering from albuminuria should therefore take small meals more frequently than is the usual custom. If alcohol is to be used at all—and it must be in very limited amount—red wines are generally best, beer being far more likely to act injuriously. Strong spices, and pickled, smoked, and other such preserved meats should be avoided, and all errors of diet strictly guarded against. Milk is good, but an exclusive use of it cannot be kept up long, and besides, it does not supply the elements of a suitable diet in right proportion. Two litres of milk, equal to about three pints and a half, are a considerable quantity, and yet they contain only about 70 grammes of albumen, while, according to Voit, a man living in idleness needs 85 grammes daily to keep up his weight. Fat of course is in excess of the 30 grammes needed, but the carbo-hydrates (sugar) are in too small amount. But milk, freely, with bread, groats, &c., may be long-continued with manifest advantage, other articles, such as fruit, being added as is advisable. The state of the skin should be carefully attended to, a slight and more or less continuous transpiration being kept up, and the patient guarded anxiously from exposure to cold. Where it can be done, Senator recommends confinement to bed as the best means of attaining these ends, the further advantage of rest being at the same time got. He holds that any severe exertion is bad, and tends to increase the amount of albumen excreted, and therefore, since fresh air is beneficial, it should be got in some way which involves a minimum of muscular exercise. The bad effects of worry or violent emotions are well known, and therefore care should be taken to guard against these,

withdrawal from business being, as far as possible, insisted on. In women, special care should be taken at the time of menstruation, complete rest in bed being very desirable, as there is regularly an increase in the albumen excreted at that period. With reference to climatic influences, residence in a warm and dry climate is useful, many conditions combining to make such localities preferable. With persistence in the adoption of all these hygienic measures, it will sometimes be possible to bring about even the complete disappearance of albumen from the urine for longer or shorter periods, and very often to diminish greatly its amount.

Though of late years the use of tannin in renal diseases has been a good deal discredited, its value as a remedy has again been strongly asserted recently. Ribbert showed that, when albuminuria is produced experimentally by temporary compression of the renal vessels, it can be checked considerably, or even stopped by the injection into the jugular vein of tannic acid or an alkaline tannate. Professor Pribram of Prague reports (*Wiener Med. Presse*, Jan. 28, 1883) his experience of its use. The grounds on which the use of tannin had become discredited were chiefly the discovery that it is changed before reaching the kidney into gallic acid, which has little efficacy as an astringent, and the readiness with which it disturbs digestion, when given in large doses. Pribram has found that the latter of these disadvantages can be obviated by using the tannate of soda properly made and dried, and given in powder with milk sugar. In that form it does not readily spoil, and is not very disagreeable. He has been able to give as much as 25 grains a day in divided doses, and has seen very notable effects from its use in six cases of acute nephritis. There was a rapid increase in the amount of urine, while the albumen and formed elements in it quickly diminished, the dropsy and other general symptoms also rapidly subsiding. There was no constipation produced, and the digestion was not disturbed. Similar good effects were not got, perhaps could not have been expected, in a case of chronic nephritis, and another of contracted kidney. Pribram, on the strength of his own experience, strongly recommends the alkaline tannates for further trials. J. J.

GLASGOW MEDICAL JOURNAL.

FEBRUARY.

In an address delivered at the Glasgow Pathological and Clinical Society, and published in this number of the Journal, Professor McCall Anderson discusses the treatment of phthisis. Having dwelt upon the necessity of forming a correct diagnosis and on the importance of deciding whether the case under consideration be acute or chronic, he proceeds to review the various methods of treatment and to lay down rules for guidance in the management of this disease. In acute phthisis the two principal indications are to keep up the strength and to bring down the fever; these are met by the frequent administration of fluid food and by the use of antipyretic remedies, such as Niemeyer's pill. Should the milder measures fail to reduce the temperature, "there is nothing for it but the use of cold baths." Dr. Anderson thinks that the treatment should correspond with that of a case of fever presenting symptoms of a similar degree of severity, and his experience points to the conclusion "that if we are to bring a patient labouring under acute phthisis to the harbour of convalescence, the disease must be attacked at the earliest possible moment with energy and with confidence as to the issue." In chronic phthisis the treatment will depend upon the presence or absence of fever and upon the state of the digestive system. The fever must be combated by antipyretic remedies, and the dyspepsia should be treated as an ordinary case occurring independently of phthisis; he has obtained excellent results from careful dieting combined with the administration of liquor pepticus and hydrochloric acid an hour after meals. Having got rid of the fever and dyspepsia, cod liver oil and tonics may be administered, and should there be anæmia he prefers arsenic to iron. Cough mixtures, from their liability to derange digestion, are injurious in the majority of cases, and should never be administered except in combination with tonics. He thinks it is too soon to speak very dogmatically with regard to the inhalation of medicated vapour; at the same time he believes that a bright future lies before this method of treatment if used "in properly selected cases," but he omits to mention what the indications for its use may be. His favourite inhalation consists of equal parts of creosote and spirit of chloroform. In concluding his interesting paper he says that "of all antiseptics the most valuable by far is

pure air," and he has seen "the best results to follow upon a residence in high mountain valleys, and from long sea voyages."

Professor Buchanan reports a case of acute fetid empyema, in which after twoappings it was deemed advisable to make a free incision into the pleural cavity. Subsequently the chest was frequently washed out with Condyl's fluid, and free drainage was maintained for about five weeks, when the tube was removed. The opening soon closed and the patient rapidly regained health and strength. Professor Gairdner, who saw the case in consultation, says that "the case is unique within his experience, in respect of the rapid formation of an acute empyema, in all probability septic and even gangrenous, apart from any primary lesion of the lung or other organ or part."

In the *Lyon Medical* M. Eugène Anguier records a case of epistaxis, in which, after the usual remedies had failed, the injection of very warm water into the nostrils arrested the hæmorrhage.

J. D. T.

Local Subjects.

THE Bill to amend the British Medical Act has now passed through its several stages in the House of Lords. Medical graduates of colonial universities are therefore one step nearer to registration in the British Medical Roll. The Council of the University of Melbourne has forwarded a memorial on the subject to the Home Secretary through his Excellency the Governor.

MELBOURNE UNIVERSITY PROCEEDINGS.—Lectures in Medicine and Surgery. —Dr. Morrison moved in the Council "That a clinical lecturer on medicine and a clinical lecturer on surgery be appointed as soon as possible. 2. That the remuneration of those officers be placed on the same footing as that of the other University lecturers. 3. That the Council at once place themselves in communication with the Committee of the Melbourne Hospital to carry the foregoing resolutions into effect." Mr. R. S. Anderson seconded the motion, and letters in support of it were received from the Committee of the Melbourne Hospital and the Dean of the Faculty of Medicine. It was resolved that a committee of the Council, consisting of the Vice-Chancellor and Messrs. R. S. Anderson and Leeper, be appointed on the subject, and that the Dean of the Faculty of Medicine and Professor Allen be requested to act with the committee, also, that the committee and the two gentlemen named should meet the Melbourne Hospital Committee to arrange the details of the proposed scheme.

UNIVERSITY REQUIREMENTS.—A deputation from the Council waited upon the Premier on May 23rd, and brought before him the urgent need for increased endowment, and for a special grant in aid of the Building Fund. Great stress was laid upon the great growth of the Medical School, and the necessity for providing additional accommodation for its classes. The cloisters surrounding

the quadrangle required to be finished; houses should be built for the professors; new lecture theatres of large size were indispensable, and the old ones needed much improvement; laboratories should be provided for physical science, and for practical physiology and histology; apparatus rooms, board rooms, retiring rooms for lady students, and a variety of other apartments were referred to. Mr. Service received the deputation very favorably, but asked that some definite plan should be submitted to him indicating how the extensions might be carried out. The deputation withdrew, promising to furnish the information required.

MORTALITY AMONG IMMIGRANTS TO NEW SOUTH WALES.—For some time past there has been a remarkable amount of sickness and mortality on board the ships bringing immigrants to the port of Sydney. There were no less than sixty deaths on five of them. In one case measles prevailed, in another scarlet fever. Dr. Mackellar, the Government medical adviser, has been set to trace out the causes, and his investigations have made it clear that if the mischief has not been produced, it has been aggravated, by defective ventilation, inadequate hospital accommodation, and badly-contrived fittings on board the vessels. But as there is no regular disinfecting process in England before the emigrants go on board, and as the medical examination there seems to be of a perfunctory kind, it is probable that disease has been introduced by either personal contagion or infected clothes. In one case the immigrants' clothing was brought up from the hold to the deck after the ship had been some time at sea, and sickness broke out immediately. It is suggested that the clothes should be subjected to disinfection by hot air before shipment. In view of what has occurred, it would be culpable negligence to neglect the precaution any longer, as the preliminary to so long a voyage. The voyage is still long, because our authorities have not yet summoned up courage enough to employ steamers.—*Argus*, 22nd May.

LUNATIC ASYLUMS.—Mr. Berry had a consultation on Saturday with Dr. Dick, Inspector-General of Hospitals for the Insane, in reference to certain improvements considered necessary in the lunatic asylums. One very important innovation was decided upon, namely, the introduction of a system of boarding-out harmless patients. Dr. Dick and the Chief Secretary agree that it is very desirable that this method should be tried, and in the ensuing session it is likely that a bill will be introduced sanctioning the experiment. Another improvement resolved upon is the erection of a children's ward at Yarra Bend, where juveniles will be accommodated, instead of as at present being distributed over the various asylums in the colony without the necessary classification. The institution at Sunbury will be made a drafting asylum for the reception of patients requiring comparatively little attention. There have been further reports as to the disorganisation at this place. Dr. Watkins, the medical superintendent, has been charged with neglect of duty and ill-treatment of a patient by one of his subordinates, and some of the minor officers have accused each other of divers offences. A board of inquiry has been appointed, consisting of the Hon. N. Thornley, M.L.C., Mr. P. B. Wallace, M.L.A., and Mr. David Beath. The charges against Dr. Watkins have been preferred by minor officers, who had been fined or otherwise dealt with by Dr. Watkins, or by the Inspector of Asylums.—From the *Argus*.

CONTAGIOUS DISEASES HOSPITAL.—On 25th May, a party numbering about fifty paid an official visit to the New Contagious Diseases Hospital, which is situated near the Williamstown Race Course, on fifty acres of ground, close

to the Geelong railway line. The Hospital is on a level plain; the land is worth £1100, and was given by Government; the buildings, which cost £1400, consist of three tents, about 20 ft. by 10 ft., in wooden frames roofed with iron. The tents are composed of canvas, lined with felt. There are likewise three larger tents, unenclosed, a wooden house for the doctor, and various outbuildings, including a washhouse and a disinfecting chamber. Outside the washhouse there is a small tank wherein the water, after being used, can be disinfected. The disinfecting chamber, in which clothing and other articles can be treated, can be heated up to a temperature of 500°. A belt of trees is to be planted round the Hospital.—From the *Argus*.

THE CASTLEMAINE DISLOCATION CASE.—An unfortunate case which occurred lately at Castlemaine has just formed the subject of coronial investigation. A patient whose arm had been fractured in two places, some time before, was found to have a dislocation of the shoulder; chloroform was administered, and the pulleys were applied; extension being produced from the wrist. Laceration took place at the armpit; amputation was performed next day, and the patient died. The body was subsequently exhumed, and an inquest held; Dr. Macgillivray and Dr. Atkinson made the post mortem examination; the coroner briefly summed up, and the jury returned a verdict of death from misadventure, no blame being attached to Dr. Dutton and Dr. McGrath, the medical men concerned. A full account of the inquest appears in the *Argus* of 29th May.

ANIMAL VACCINATION.—Many letters have appeared in the public papers concerning the process of vaccination with calf lymph as carried out at the Model Farm by Mr. Graham Mitchell. It appears that these operations are no longer supervised by any medical man, Dr. LeFevre having relinquished his connection with them on 17th April. We understand that the President of the Central Board of Health is inquiring into the matter, and his report will doubtless lead to animal vaccination being more effectively conducted among us.

THE electric light has been used in England to illuminate the interior of a cyst in the liver; a small Swan lamp was employed, fed by a two-cell Bunsen battery.—*Australasian*, 2nd June.

VIVISECTION.—In the House of Commons, Mr. Reid moved the second reading of a Bill for the total abolition of vivisection. Mr. Playfair opposed the Bill, and referred to the enormous value of the experiments conducted by Pasteur and others; he urged that the Bill was the result of indiscriminate philanthropy, and would tend to favour empiricism and quackery. Sir W. Harcourt explained that under the present Act, there were only twenty-six persons in Great Britain who carried on these experiments.

ST. JOHN AMBULANCE ASSOCIATION.—Dr. Neild and Mr. R. B. Warren have initiated in Melbourne a Branch of this Association, which was established in England in 1877, by the Duke of Manchester and the Chapter of the Order of St. John of Jerusalem, for the purpose of disseminating general information as to the preliminary treatment of the sick and injured among all classes of society, so as to lessen the unnecessary suffering so frequently caused by the ignorance of those unskilled persons with whom the patient is first brought in contact. Courses of five lectures are given at home gratuitously by medical practitioners, according to a syllabus of instruction drawn up by a medical committee. Examinations are held after every course, the examiner also being a legally qualified medical man. Persons who pass certain examinations at stated intervals are allowed to wear a

medallion in token of their ability to render first aid to the wounded or in cases of drowning and other emergencies. The extent of the work performed by the association in the United Kingdom may be inferred from the statement that since its establishment up to St. John's Day (24th June) 1882, over 130 Centres have been formed, and over 40,000 certificates awarded to persons of both sexes. The steady increase of the work is shown by the number of persons attending classes during the year ending on the above date, namely, 10,741. Among the more notable classes in the public services have been those for the instruction of the metropolitan and city police, county constabulary, London and provincial fire brigades, Royal Naval Artillery Volunteers, the War Office, Admiralty, Somerset-house, and other Government departments, the Custom-house, East and West India Docks, Surrey Commercial Docks, Victoria Docks, and many of the provincial volunteer corps. It is only necessary to add, as a further proof of the movement, that several members of the Royal Family hold the offices of presidents, or patrons, of county Centres.

AUSTIN HOSPITAL FOR INCURABLES.—Dr. Webb has been appointed a member of the Medical Admission Committee, *vice* Professor Allen resigned.

MELBOURNE HOSPITAL PROCEEDINGS.—A sub-committee is now revising the rules and bye-laws of the institution, with a view, *inter alia*, to alter the mode of election of the honorary medical staff. The question whether it is wise to spend some thousands of pounds in improving the present hospital has also been referred to the Building Committee.

THE DANNE REGISTRATION CASE.—A few years ago the Rev. R. V. Danne, of St. Kilda, presented himself at the Medical School and the Melbourne Hospital as an irregular student of medicine, explaining that he was about to become a missionary, and wished to acquire some knowledge of medicine. He attended certain lectures at the Medical School during two years, the courses being selected by himself; he kept some courses, but not others; he went through some dissections, and at times went round the Melbourne Hospital. Armed with some certificates which seem, in some cases at least, to have been very carelessly given, he then proceeded to America, and returned in nine months with the degree of M.D., from the Medico-Chirurgical College of Philadelphia, and with various official documents testifying to the standing of this college. Dr. Hardwicke, in his book on medical education and practice in all parts of the world, dated 1880, gives a list of both the chartered and unchartered colleges of Philadelphia, but the Medico-Chirurgical College is not mentioned. Mr. Danne says it has been in existence only two years or thereabouts. But according to its own rules it requires a three years *regularly graded* course of instruction; and though Mr. Danne's studies had been spread over three years, they were most *irregular*; he took what subjects he liked, and attended just so much as he liked, and in fact never came within the ranks of regular medical students at all. The diploma produced by Mr. Danne was couched in most wonderful Latin, of which the following rendering was sent to the *Argus* by a member of the Board; it is said that the translator is one of the best classical scholars in the colony:

The President and Professors of College of Medicine and Surgery of Philadelphia, in Pennsylvania.

To all to whom these presents shall come, Greeting.

Know ye that R. V. Danne, a gentleman of sterling ability, and good character and bearing, after devoting the regular legal period to the study of

medicine theoretically and practically, and after attending (*auditus!*!) the lectures of the professors at this college, and passing in jovial fashion (*in more jucundo!*!) all his public examinations before us, and giving (*ablato*) proof of his learning; and further, having ably discussed in the customary treatise the subject of "Australia: its history and exploration, its flora and fauna, its mode of government, &c.," has earned our cordial recommendation. Therefore, we, the president and professors of the College of Medicine and Surgery of Philadelphia in Pennsylvania, have created the aforesaid R. V. Danne "doctor of medicine," and have conferred on him all the decorations (*insignia*), rights, rank, and privileges thereunto belonging, whether here or elsewhere.

In testimony whereof we have sealed these presents with the great seal of College on the 29th day of [no month given], in the year of grace, 1883, and of American Independence, 108; and by virtue of the authority committed to us we have hereto subscribed our names.

President.

Registrar (?) (*scriba*)

Seven Professors.

The following memorandum was forwarded by the translator of the above:

"Dear Dr.—I enclose the diploma and the translation, so far as it can be translated. It is hideously bad Latin, and there are grammatical blunders in it for which a little schoolboy would be soundly whipped. I should not think the certificate is worth the paper on which it is written."

The following are a series of questions, with their answers, addressed to the secretary of the Melbourne Hospital by the correspondent of the *Argus* concerning Dr. Danne:

1. Did he pay the usual clinical and other fees? Answer.—No.

2. Was he ever enrolled in the books of the hospital as "an ordinary medical student? Answer.—No.

3. Did he ever act as clinical clerk or surgical dresser? Answer.—I believe not.

4. Did he attend in his capacity of a clerical visitor only? Answer.—I always understood his visits as you indicate, and with a view to qualify himself as a medical missionary.

The Medical Board of Victoria resolved that the provisions of the Medical Act of Victoria had not been complied with, and refused to register Mr. Danne.

SAVILLE versus GILLBEE.—This remarkable case was opened in the Supreme Court on June 1st, before His Honour Mr. Justice Holroyd and a special jury of twelve. Mr. Henry Saville, an actor, and his wife sought to recover £1,000 damages from Mr. W. Gillbee. At the time of the occurrence which led to the action Mr. Gillbee was President of the Melbourne Hospital, and also Honorary Medical Officer to the Dramatic Association, of which Mr. Saville is a member. On the afternoon of the 18th September last Mrs. Saville was in the Royal Arcade, and there she had a succession of fits lasting over an hour. Some brandy was brought for her, but in the struggles it was spilt over her. She was taken to the hospital, where the battery was applied to her, and medicine administered; the resident medical officer who took charge of her thought she was drunk. She was taken to the lock-up, but shortly afterwards bailed out by her husband, and next day was discharged. She then went to Mr. Gillbee and complained of her treatment at the

hospital, and she described the officer who attended her. Mr. Gillbee expressed an opinion that this was Dr. Barrett, and is said to have expressed strong views about Dr. Barrett's conduct. Mr. Saville then addressed a complaint against Dr. Barrett to the Hospital Committee. But Mr. Gillbee in the meantime found that Dr. Bage, and not Dr. Barrett, treated Mrs. Saville; Mr. Gillbee then told Saville that there had been a mistake, and asked him to withdraw his complaint as it would injure Dr. Bage, who was a very deserving young medical man. A Hospital enquiry followed, and Dr. Bage was exonerated from all blame in the matter. Then the Savilles turned their attention to Mr. Gillbee, and brought the present action against him. Mrs. Saville's story, as far as we can understand it, is to the effect that when she visited Mr. Gillbee he put some solid nitrate of silver in her mouth, and made her keep it there some time; and afterwards gave her some lozenges and a mixture of chlorate of potash; telling her that he suspected that caustic had been put in her mouth, and if so, what he had done would be a test for it, as her mouth would turn black. It was sought to be shown that Mr. Gillbee had an *animus* against Dr. Barrett. At the trial, Mr. Gillbee denied having administered any nitrate of silver, but admitted having spoken indiscreetly about Dr. Barrett. He did think at first that a strong acid, a corrosive, had been given to Mrs. Saville, and he asked her some questions about nitrate of silver. All the rest of her story he categorically denied. A verdict was given in Mr. Gillbee's favour. The tale of Mrs. Saville about the nitrate of silver was surely too incredible to be accepted by any jury. If a surgeon of Mr. Gillbee's standing had been cast in damages on such evidence, a serious injury would have been inflicted on the profession, and many vexatious actions would doubtless have cropped up.

BIRTHS.

ANDREWS.—On the 24th ult., at Olive-street, Albury, N.S.W., the wife of Dr. Arthur Andrews, of a son.

BENNIE.—On the 27th ult., at 126 Collins-street east, the wife of Peter Bruce Bennie, of a son.

WARREN.—On the 28rd ult., at Ohio-villa, Church-street, Richmond, the wife of Dr. William Warren, of a son.

MARRIAGES.

CROWTHER—HAMILTON.—On the 6th inst., at St. David's Cathedral, Hobart, by Dean Bromby, assisted by the Rev. J. Mace, Edward Lodewyk Crowther, M.D., to Emily Ida, eldest daughter of John Hamilton, Esq.

RYAN—M'GIVERN.—On the 18th of April, at St. Ignatius' Church, Richmond, by Rev. J. Mullihall, M. J. Ryan, M.B., et Ch.B., to Maggie, third daughter of Michael M'Givern, Esq., of Abbotsford-street, Abbotsford.

DEATHS.

M'EWEN.—On the 22nd ult., at 59 Eyre-street, Ballarat, William Nicholson M'Ewen, late of the Bank of Australasia, only son of Dr. Andrew M'Ewen, formerly of Belfast, Ireland, aged 25 years.

BOWAN.—On the 18th ult., at Macquarie-street, Sydney, James Rowan, brother of Andrew and Thomas Rowan, of this city, in his 35th year. His end was peace.

THOMSON.—At "Garnook," South Yarra, William Thomson, F.R.C.S.E., in his 64th year; deeply regretted.

THE
Australian Medical Journal
JULY 15, 1883.

NOTES ON CASES OF ABDOMINAL SECTION.

By F. C. BATCHELOR, L.R.C.P., M.R.C.S.

Honorary Medical Officer to the Dunedin Hospital.

(*Continued from page 244.*)

CASE V.—M. F., æt. 30, married in the beginning of 1881. Consulted me three or four months afterwards in consequence of abdominal enlargement, which she had only recently noticed. Menstruation remained regular. On external abdominal examination I found a tumour about the size and in the position of the pregnant uterus at from the fourth to the fifth month; I could not, however, hear the foetal heart. I told the patient she was probably pregnant, but I desired her, if menstruation continued and she remained uncertain, to send for me again in two months, when the diagnosis would be certain. I heard nothing more of her till October 1st, 1882, when she again consulted me. Menstruation had continued to be regular, the abdominal enlargement had immensely increased, and presented all the appearance of a large ovarian tumour filling the abdominal cavity. I passed a fine needle to make sure of the diagnosis, and to my astonishment drew off perfectly clear hydatid fluid. The following day I aspirated the sac of between five and six pints of fluid, reducing the size of the abdomen very considerably. For some weeks she remained fairly well, but she noticed the abdomen again filling, and on the night of November 3rd, 1882, she was suddenly seized with excruciating abdominal pains and rigors, and on the morning of the 4th the abdomen was distended and extremely tender, her pulse being 120, temperature 102°. Dr. Maunsell, who had assisted me throughout with the case, saw her in consultation, and we agreed that her best chance lay in freely laying open the sac. On the following day, assisted by Drs. Maunsell and De Zouche, I laid open the abdomen by a median incision, commencing about two inches above and carrying it about four inches below the umbilicus; the sac was not adherent on the surface, and was drawn into the wound and tapped with an ovarian trocar. Thick purulent matter welled through for some time, but the

tube soon became obstructed with loose cysts. I then attempted to pump out the contents with a Higginson's syringe, but this also became choked. Finally I had to enlarge the incision into the sac, drag it well through the abdominal walls, and clean it out with sponges and remove the fine lining membrane. I then attempted to clear the thick outer cyst wall, but the deeper I went the thicker became the cyst, and the more adherent to surrounding tissues, so after cutting off about two-thirds I thought it best to desist, the cyst-wall at this time being nearly a quarter of an inch thick, and dipping down somewhere very near the spine, though I did not ascertain where it sprang from. The wound was dressed in the usual way. Vomiting was the only trouble after the operation. A thickish blood-stained fluid exuded through the wound near the umbilicus for some ten days or a fortnight, again pointing to the necessity for drainage, but this gradually dried up, and the patient was able to leave her bed about three weeks after the operation, and is now perfectly well. Looks, and says she feels, better than she has done for years.

CASE VI.—E. C., *æt.* 33, married nine years, no family. Some eight years ago had an attack of pelvic inflammation, resulting in the formation of an abscess, which has more or less invalidated her ever since. Every three or four weeks she has attacks of pain about the pelvis, accompanied by fever sometimes. These attacks are so severe that they keep her to her bed for weeks together. There is a constant discharge of pus from the bowel. Her general health is getting seriously affected, and the disease shows no signs of abatement. She has been under the care of several medical men, but nothing has ever given her any permanent relief. The aspirator has been used on several occasions, but no matter has ever been drawn off. I saw her first in consultation in the summer of 1881; there was then a large hard smooth mass filling up the left iliac region, its upper limit being on a level with the umbilicus, and passing below into the pelvis, surrounding the os, and fixing the uterus, which it displaced to the right. The bladder was also pushed on to the right.

In April, 1882, she came to town to see if anything could be done to cure her. She was repeatedly suffering from the attacks of severe pain; was losing flesh and strength, and was in fact feeling that the disease was wearing her out,

and that her life was not worth living. I found the tumour much in the same state as when I had previously seen it; a smaller swelling was also now beginning to form, apparently in the right broad ligament. Pus was passing daily from the bowels. I passed a needle on several occasions into the large mass on the left side, both from the vagina and through the abdominal walls, but never succeeded in drawing off pus, although that there was matter formed was certain from the daily discharge from the bowels. The nature and prospects of an operation were fairly laid before her, and she decided on an attempt being made for her relief by abdominal incision. On April 18th, 1882, assisted by Drs. Drysdale, Brown, and De Zouche, I laid open the abdomen by a median incision from near the umbilicus to the symphysis. No adhesions were found to exist between the sac and the abdominal wall, but on opening the peritoneum the mass came at once into view, covered by thickened velvety-looking peritoneum. I plunged Cox's trocar into the lower part of the sac, and after passing through a tough thick cyst-wall felt it enter a cavity. On removing the trocar, thick and horribly fetid matter welled up; this I carefully kept from the wound, and after allowing a few ounces to drain away plugged the canula. I then carefully closed the abdominal wound, and kept it aseptic and quite separate from the opening of the canula, which was afterwards fastened in. The abdominal wound healed without trouble, although vomiting was as usual the source of danger and a constant anxiety for many days. There was no constitutional disturbance of any moment, the pulse never being above 106, nor the temperature above 100°. I daily removed the plug, and allowed about an ounce of pus to drain away, which was so fetid that it not only sickened the patient but also the nurse.

On the tenth day after the operation, when the wound had healed, a fine catheter was passed through the canula, and an attempt made to wash out the sac; for some reason this could never be satisfactorily accomplished, pus always flowing freely immediately on removal of the plug, but the lotion injected returning unaltered. The canula was kept in about a month, and then removed for a gum elastic catheter, to allow the patient to leave her bed. The tumour during this time had very materially decreased, but still pus used to come

away daily, and I felt doubtful as to the drainage being sufficiently free.

On June 24, as discharge was still coming away, and the sac was not decreasing, I passed a curved silver canula I had made for the purpose through the fistula, and brought it out by the vagina to the left and in front of the uterus (the bladder being still displaced to the right). Through this canula a double elastic drainage tube was passed and tied in after removal of the canula; through this pus discharged freely, and the sac rapidly decreased. The swelling in the right groin disappeared shortly after the first operation. After a month I removed one tube and subsequently the other, substituting a horsehair drain from which I removed a few hairs at a time. All the wound is now entirely healed externally, nothing abnormal can be felt, but on bi-manual examination some thickening can still be detected in the left iliac region, and the uterus remains fixed to the left side. The bladder has gone back to its normal position. The patient's general health has immensely improved; there have been no more attacks of the inflammatory nature. On the whole the operation has been successful, though the treatment required has been very tedious and prolonged. There is also, I regret to say, a hernia at the lower part of the line of incision, doubtless due to the tube having been worn so long in the abdominal wall, but this condition can I think be easily remedied by operation if occasion requires.

CASE VII.—M. C., aged 54. A stout healthy country woman who has had a large family. Consulted me about November 18th for a hardness and pain about the navel. I found the umbilicus excoriated and fissured and surrounded by a button-like ridge of hard tissue. Microscopic examination showed degenerated epithelial cells and nest-like formations characteristic of epithelioma. Assisted by Dr. De Zouche I removed it on December 2nd, 1882, and in so doing had to lay open the abdominal cavity. I sewed together the peritoneal surfaces with fine catgut sutures, and used different and stronger sutures for the more superficial structures, the adipose tissue being nearly one inch thick. Listerian precautions were not so thoroughly carried out as I could have wished, as I had not anticipated laying open the abdominal cavity. Suppuration occurred in the adipose tissue, and the wound healed slowly by granulation, considerably delaying recovery; but she finally

left for home about three weeks after operation. About the end of January she consulted me again for symptoms which made me fear some malignant mischief starting in the stomach. I was away from home during the month of February, and have seen nothing of her since my return.

CASE VIII.—M. G., *æt.* 24, married four years, one child three years old. Consulted me in April 1883 for a tumour in the left iliac region. It was very hard, somewhat irregular, and moveable. It seemed beneath the abdominal muscles, but by vaginal examination was found unconnected with the pelvic organs. An exploring needle was attempted to be passed into it, but was nearly broken by the toughness of the mass. As it was increasing in size and causing pain, on May 6th, assisted by Drs. Maunsell and De Zouche, I proceeded to remove it. The incision was made over the tumour and along the outside border of the left rectus muscle; the different tendinous expansions of the muscles were very troublesome, and the bleeding was considerable. The peritoneum was continuous with the tumour, and could not be separated from it; I therefore had to enlarge my incision upwards, and opened into the peritoneum above near the level of the umbilicus, cutting down to and finally dissecting out the tumour. The operation was much more difficult than one would have at first anticipated. The growth was about the size of a hen's egg, encapsuled, externally composed of almost pure white fibrous tissue, but towards its centre more greyish and softer; sections of this portion showed the fibrous stroma to contain abundance of irregular-shaped cells. On the eighth day the wound had entirely healed throughout. There has been but little constitutional disturbance, the pulse never reaching 100, and the temperature never being above 99° after the second day. The tongue has been however unusually coated, and a feeling of nausea has been more persistent and troublesome than usual; this I think must have been due to a slight attack of nephritis, as I found the urine on the fourth day somewhat smoky, and containing a small quantity of albumen, due probably to the prolonged exposure to wet from the spray during the operation. There have been no symptoms of carbolic acid poisoning apart from the urine.

ANOMALOUS CASES IN CHILDREN'S PRACTICE.

By W. SNOWBALL, M.B. Melb. &c.

Honorary Surgeon to the Children's Hospital.

General Paralysis after Diphtheria—Death from Apnoea.

M. M., four years old, female. On the 5th June, 1883, the child was brought to me for examination. The mother told me that the child snored a great deal in her sleep, and lately her voice had a nasal intonation. I was told that four weeks previously she had what her medical attendant called an attack of "ulcerated sore throat," which lasted about seven days, and that her present symptoms dated from that period.

The child is a fine healthy-looking little girl, with well nourished limbs. The present appearance of her throat fully bears out the previous diagnosis of ulcerated sore throat; the tonsils are greatly enlarged, a scar on one side looking like the healed remains of an ulcer. No paralysis of the palate muscles; swallows well, and in fact only presents the symptoms of hypertrophied tonsils. She was ordered tannic acid paint, and syrup of iodide of iron.

June 18th.—I was sent for to see her, and found that her throat was in much the same condition, but that she had lost all power in her legs from below the knees; patellar tendon reflex was absent; the calf muscles obeyed the battery badly, and the limbs felt unnaturally cold. I said that I was afraid the original sore throat must have been diphtheritic, and that this was paralysis consequent on that disease. Ordered the child strychnine.

June 22nd.—The condition of the lower limbs unchanged, but complete paralysis of the right arm and forearm; slight ptosis of right eyelid. The next day the intercostal and pectoral muscles became affected, and in spite of artificial respiration, galvanism, &c., the child died suffocated. At no time were the throat muscles either of deglutition or speaking affected, for the child could speak and swallow till within five minutes of death.

As far as I can find, the sequence of this case is unique, for usually in paralysis after diphtheria the throat muscles either of speech or deglutition become first affected, but in this case the lower limbs were first affected, and the paralysis spread upwards. The progress of the case is another proof, if one were needed, that it is the terminal ends of the nerves that are affected, and not any change in the main nervous system.

Hospital Reports.

MELBOURNE HOSPITAL.

Case of Punctured Wound of the Abdominal Wall, with Protrusion of Omentum—Opening Enlarged and Omentum Returned—Recovery.

Under the care of Mr. E. M. JAMES.

Reported by F. J. OWEN, M.B., Ch.B., Resident Surgeon.

J. F., æt. 38, a powerful muscular man, admitted to hospital on April 28. Had been drinking heavily, and attempted suicide by first making several jagged wounds about the front of his neck, and then stabbing himself in the abdomen with a knife.

The largest abdominal wound, situated to the left of and a little above the umbilicus, was about an inch long, penetrating the left rectus and the abdominal cavity, and through it a large piece of omentum was projecting. Chloroform was administered, the patient struggling violently while being put under its influence, and the wound was enlarged under the spray. The omentum was then returned to the abdominal cavity, and two hare-lip pins inserted through the abdominal walls and peritoneum. Superficial horsehair sutures were employed and the wound dressed according to Lister's method. The wounds about the neck were also dressed antiseptically. Patient was kept under the influence of opium, and on the third day his temperature was 101°; pulse 90, inclined to hardness; breathing easy but hoarse; tongue moist. The pins were withdrawn, the upper one being much bent. There was a little suppuration about their heads, but the edges of the wound had united by first intention. There was not much tympany, and no tenderness over the abdomen. Patient had been passing wind freely. The wounds about the throat were healing rapidly.

On the fifth day the temperature was normal; pulse soft; breathing easy; opium discontinued; some tympany, but no pain.

On the sixth day patient's bowels acted spontaneously.

For two or three days the bowels acted several times a day, and then became regular. Patient was discharged perfectly well on May 14th, sixteen days after admission.

Three cases of Lacerated Wounds of the Upper Extremity.

Under the care of Mr. T. N. FITZGERALD.

Reported by G. ADLINGTON SYME, M.B., Ch.B., Resident Surgeon.

(1.)—J. S., æt. 39, a pile driver, was admitted on the 19th of April with a crushed hand and fingers, caused by his hand being forcibly dragged through a block. The soft parts were completely torn away from all the metacarpal bones as far as their middle third, the thumb alone being uninjured. The patient having been anesthetized, Mr. Fitzgerald decided to simply remove the denuded portions of bone, and leave the thumb, although some of its muscles were torn. The metacarpal bones of the four fingers were accordingly sawn off, at a level a little below the cleft of the thumb, the lacerated tissues dissected away, the edges of the skin pared, so as to form slightly oval anterior and posterior flaps. All bleeding vessels were torsioned, a drainage tube inserted and passed through an incision made in the palmar flap, wound washed with a solution of chloride of zinc, and the flaps brought together with horsehair sutures. Whole operation performed with Listerian precautions, and Lister dressings applied. Placed on an anterior arm splint.

April 20.—Temp. normal; pulse 100, strong. Slept; no pain.

April 22.—Dressed antiseptically; slight oozing of blood-stained serum on the dressings; edges of wound in perfect apposition; no inflammation about wound; no constitutional disturbance.

April 24.—Dressed; wound nearly all healed by first intention; no swelling, or sign of inflammation.

April 27.—Discharged; wound all but healed. Patient returned some time afterwards with a little suppuration in part of the hand, which was soon relieved. The motion in the thumb was perfect.

(2.)—J. F., æt. 26, sawyer, was admitted on the 20th of April, 1883, with a lacerated wound of the left forearm, caused by a circular-saw. The wound was about two inches below the elbow-joint, on its outer and anterior aspect, extending obliquely inwards and downwards for about five inches. The superficial layer of muscles was completely divided, and the radial artery punctured, and bleeding profusely; the bones were uninjured. The patient was sent in by a surgeon to have the arm amputated! Hæmorrhage was arrested by catgut ligatures passed round the bleeding vessel. The wound was thoroughly washed with carbolic

acid lotion, 1 in 40, a drain tube inserted, and the sides of the wound brought into apposition with deep hare-lip pins, and the skin with superficial horsehair sutures, Lister's dressings applied, and arm placed on a splint.

There was also a compound fracture of metacarpal bone of right index finger.

April 22.—Temperature went up to 103·2° last night, 100·8° this morning; pulse 120, full and strong; tongue furred; bowels confined; left arm rather swollen. Dressed under spray; some bloody oozing; in good apposition; edges red and hot; no suppuration. Right hand much swollen and tense, especially above metacarpo-phalangeal joints and over dorsum; wounds suppurating. Sutures removed; incision made on dorsum of hand. Dressed again antiseptically, and ordered a purgative.

April 23.—Evening temperature 102·6°, morning 101°; pulse 120; tongue clean; bowels acted well; did not sleep. Left arm very painful and much swollen; very tender; wound suppurating and profuse semi-purulent discharge. Three pins and several sutures removed, and wound well syringed with carbolic lotion and dressed antiseptically. Right hand not swollen or tender. The wound on the arm continued to suppurate for several days, and some sloughing occurred.

April 27.—Temp. 99° night and morning, sloughs all separated; no signs of inflammation; wound gaping in places; granulating healthily. Still dressed antiseptically, edges being coapted with adhesive plaster.

May 2.—Wound filling up from the bottom with healthy granulations; inner part of wound closed. Sponge grafts applied; antiseptic dressings continued.

May 5.—Graft taken and vascular; cavity filling up rapidly.

May 7.—Granulations shooting up into sponge. Arm kept straight, and passive motion used.

May 10.—Granulations level with surface, and cicatrizing at margins; sponge nearly absorbed; has perfect flexion, extension, and pronation; supination rather weak.

May 17.—Discharged. Wound nearly healed; motion perfect; no contraction as yet.

July 10.—Wound perfectly healed; no contraction; perfect use of arm.

(3.)—A. F., æt. 17, sawyer, was admitted on the 20th April, 1883, with wound of right arm inflicted by a circular-saw.

The wound was about four and a half inches long on the front and outer side of the right wrist, and greatly lacerated. It divided the flexor tendons, the radial vessels, and the lower end of the radius, which was sawn almost off, but the joint was not opened.

Both ends of the artery were secured and torsioned, the tendons secured and their divided ends brought together with catgut, and the edges of the wound pared and brought together with superficial sutures, a drainage tube inserted, and wound thoroughly washed with carbolic acid lotion one in forty. The bone was then placed in position on a back splint, and the hand slightly flexed; wound dressed by Lister's method.

April 23.—Has had no constitutional disturbance and no pain. Dressed; no discharge; in good position; healing by first intention.

April 25.—Tube removed.

April 27.—No pain or constitutional disturbance; wound healing; slight serous discharge; a little gaping at outer margin, where tube had been inserted.

May 4.—Wound nearly healed; rest granulating healthily; passive motion to thumb and fingers.

May 5.—Discharged.

Patient returned some weeks after. Wound healed; has perfect motion in all his fingers and wrist, and in all the tendons of the thumb, except the extensor ossis metacarpi pollicis.

Medical Society of Victoria.

ORDINARY MONTHLY MEETING.

WEDNESDAY, JULY 4TH, 1883.

(Hall of the Society, 8 p.m.)

Present: Dr. James, Dr. Webb, Dr. Allen, Dr. Fyffe, Dr. Balls-Headley, Dr. Griffith, Dr. F. J. Owen, Dr. Girdlestone, Dr. Jamieson, Dr. Meyer, Dr. Bennie, Dr. Moloney, Dr. A. J. R. Lewellin.

The President, Dr. E. M. James, occupied the chair.

The minutes of the last meeting were read and confirmed.

Dr. BALLS-HEADLEY then read for the author the following paper:

ON THE REMOVAL OF A LARGE CYSTIN
CALCULUS BY SUPRA-PUBIC LITHOTOMY.

By JOHN TREMEARNE, M.R.C.S. Eng.

This calculus, measuring $2\frac{1}{2}$ inches long, $1\frac{1}{2}$ inches broad, and 1 inch thick, with a circumference of over 7 inches, and a weight of $2\frac{1}{2}$ oz. 54 grs., or 1254 grains, is composed of pure cystin, a form of stone not only rare, but, I believe, the largest of its kind that has ever been taken out of the bladder by operation. It was removed from Mr. James Chisholm, a Ballarat sharebroker.

The patient, a very tall, thin man, aged 47, had been troubled for several years with dyspnœa and pleurodynia (?) as well as occasional sudden stoppage of urine whilst in the act of passing it, and on some occasions very small gravel had come away, resembling this one in colour.* Eighteen months before I saw him he fractured his leg, and whilst lying on his back had no trouble whatever with the water. On rising from bed after the union of the bones he found great difficulty in micturition, and very soon the dyspnœa developed into severe spasmodic asthma. The water trouble increased, so that when he first came to see me in November last year he could not retain his urine beyond an hour, rarely that, and suffered much pain in the perineum and end of the penis. Every time previous to passing his urine he had half an hour of fearful forcing pain, and was obliged to rest on his knees and elbows until the bladder was emptied. His suffering had emaciated him, his breathing was short and difficult, and he could not walk across the room without assistance.

On November 27th, chloroform was administered by my assistant, for although the asthma was bad and the base of the left lung consolidated, it was impossible from the great sensitiveness of the urethra, &c., to examine him without it. Directly the sound entered the bladder it struck a stone. A finger was introduced into the rectum, and the stone pushed forwards, so that it could be distinctly felt by pressing the fingers of the other hand on the abdomen just above the pubes. On introducing a Lithotrite, instead of the sound, the size of the calculus was pretty accurately determined.

Three days after this examination he was again put under the influence of chloroform, and I extracted the stone successfully by

* The small gravel are sent with the stone.

the supra-pubic or high operation. A tube was then put through the wound into the bladder, and fastened by tapes with long pieces of strapping around the abdomen. The tube was a large one, so that the bladder contracted around it and prevented extravasation. At the end of a week it was removed, and on the twelfth day urine commenced to pass through the urethra.

Before the wound closed the asthma had disappeared, and within five weeks of the operation he gained thirty pounds in weight, and had apparently completely recovered his health.

In this case the large size of the tube introduced into the wound is particularly to be noticed. In the lateral operation I always adopt the same method (the vaginal pipe used with Higginson's enema apparatus answering the purpose very well), and leave the tube in the bladder usually four or five days.

In addition to preventing extravasation it is a great help in checking secondary hæmorrhage, should anything of the kind occur, and renders washing out the bladder easy.

Within the last few years I have performed lithotomy eight times, and every one of my cases has recovered quickly and perfectly.

Creswick, June 1st, 1883.

Dr. HEADLEY remarked that Dr. Tremearne laid great stress on the value of the large tube as a means of preventing extravasation. Cystin calculi were very rare; there were a few specimens in the Museum of the Royal College of Surgeons, but none, he believed, so large as the one now shown.

Dr. ALLEN said that the largest cystin calculus noted by Coulson was in the University College Museum, and weighed 850 grains; another at Bartholomew's weighed 740 grains. Heath once exhibited nineteen taken from a single patient. Cystin calculi are formed originally in the kidney, the nucleus being sometimes uric acid, sometimes pure cystin. Their colour on removal was usually honey yellow, becoming greenish on exposure; as a rule they were friable, and could be crushed without difficulty. With the present specimen the finger nail sufficed to make a white scratch; hence it would be interesting to know whether any attempt was made to crush it. Surely when the stone was once caught in the grasp of the lithotrite, a surgeon would be tempted to try the effect of a squeeze. Cystin is very rich in sulphur, being nearly related to the taurin of the bile. Such calculi often ran in

families, and it would be well to learn if there was any hereditary predisposition in the present case.

Dr. GIRDLESTONE remarked that the specimen was most interesting, and perhaps Dr. Tremearne would present it to the Society or to the Medical School Museum, where it would be greatly valued on account of its size and rarity. He did not gather why the supra-pubic operation was performed; it was more dangerous than the lateral method; and as the stone measured only an inch and three-quarters in its shortest diameter, it could have been removed through the perineum. The calculus was so flat that the forceps grasping it would not have measured two inches across; hence the bilateral operation or the old rectovesical method would have sufficed. However, the case ended most successfully, although he could not understand why the particular operation was selected. Dr. Slater, of Beechworth, a very able surgeon, had sent him a card with notes and drawings of a calculus weighing 1746 grains measuring 1.65 inches in its lesser diameter, which was removed by the recto-vesical operation.

Dr. MOLONEY regretted that the notes of the case were not fuller, as it included many points of interest. For example, as to the occurrence of asthma, he would like to know whether, when the patient was confined to bed with a fractured leg, the dyspnoea was absent as well as the symptoms referable to the calculus. The chemical composition of the stone might give some clue to the treatment of asthma due to reflex irritation from the genito-urinary tract. The origin of asthma was sometimes very obscure; he had been much perplexed about one case in which there was great pain over the heart and distress of breathing; and it turned out to be a reminiscence of an old attack of Indian fever. As to cystin calculi, he had seen one or two, and they could be crushed with particular ease. The ultimate microscopical form was a hexagonal plate, and probably they broke up with a corresponding cleavage.

Dr. JAMES said that prior to the operation the nature of the stone was apparently well known, and, as had previously been remarked, when once a lithotrite was made to grasp the calculus, it must have been very tempting to try and crush it. No doubt Dr. Tremearne had sufficient reasons for the operation he selected.

Dr. BALLS-HEADLEY stated that in a private communication Dr. Tremearne had informed him that he put in the lithotrite with the intention of crushing, but the utmost effect he was able

to produce was a scratching of the surface, and hence it seemed useless to attempt anything further in this way. The supra-pubic operation was adopted because large stones are so apt to prove fatal; they can be removed by the perineum, but much tearing results, and the patients are apt to die; with the supra-pubic operation laceration of tissue is avoided. Small pieces of the calculus were analysed by a Ballarat chemist, and found to be pure cystin, though very hard. It would appear as if the stone received large additions while the patient was in bed with the fractured leg. He regretted that the notes of the case were not more full.

[Dr. Tremearne has since given the following information in answer to questions:—There was no hereditary history of calculus, nor did examination of the urine indicate any affection of the kidneys. The first symptoms of stone appeared five years ago. There appeared to be no relation whatever between the vesical irritation and the asthma, and therefore Dr. Tremearne was much surprised to find the asthma disappear after the operation. It was ridiculous to think that the stone could have been crushed. A small calculus of similar nature was passed shortly before the operation; it also was extremely hard, and under pressure of a lithotrite it would not split up, but collapsed like a piece of hard wood. Before the large calculus was removed, an attempt was made to crush it with a powerful lithotrite, the handle being turned at last with a large nippers, but only the slightest mark could be produced on the surface. The stone was too large for the lateral operation, and under such circumstances he thought that the supra-pubic method should be resorted to.

Dr. BALLS-HEADLEY also read for the author the following paper:

ON THE REMOVAL OF A VERY LARGE TUMOUR OF THE BREAST.

By JOHN TREMEARNE, M.R.C.S. Eng.

This is a portion of a tumour I removed a few weeks ago, with the assistance of Dr. Thornton, from the left breast of a very stout plethoric lady, the wife of a station master on the Victorian Railways. The only remarkable feature about it is its size. The total weight of the morbid growth, which was something the shape of an hour glass, amounted to twelve pounds. This is the lower half which involved the breast. The upper part extended

around the left side and into the axilla. It could only be dissected out in small pieces, which it was thought were not worth preserving. A small cyst, part of which has been cut off, marks the junction of the upper to the lower portion of the tumour. During the operation the bleeding was excessive, about twenty vessels requiring ligature. The patient made an excellent recovery, two-thirds of the wound uniting by first intention, and by the end of three weeks she was able to return to her own home. Antiseptic dressings, &c., were used.

Creswick, June 1st, 1883.

Dr. HEADLEY then exhibited the tumour.

Dr. ALLEN remarked that apparently it was a soft sarcoma, with softening or cyst development. Probably it would recur.

Dr. MOLONEY suggested that further particulars about the case were desirable. The information given was very little. If Dr. Allen would examine the tumour, Dr. Tremearne might be asked to give the history in more detail.

It was agreed, on the motion of Dr. Jamieson, that Dr. Allen be asked to examine the tumour and report upon it; and that such report, with any further information obtainable, be appended to the published proceedings of the Society.

[Dr. TREMEARNE states that there was no family history of tumours, cancerous or otherwise, or of phthisis; the patient's relatives had lived long and enjoyed good health. The tumour had been noticed for only eight months before removal; but even when first seen, the whole mammary gland was involved, so that the growth probably extended over twelve months.]

[Dr. ALLEN reports that the tumour was a sarcoma, chiefly composed of medium-sized spindle cells.]

EXHIBITS BY Dr. WILLIAMS.

The HON. SECRETARY then exhibited for Dr. Williams the following specimens:

A case of Patent Foramen Ovale in an Adult—Death from Typhoid Fever.

M. C., a domestic servant, single, aged 28, was admitted into the Melbourne Hospital on April 30, 1883. She had been ill with intermissions for three years, suffering from pain at the epigastrium and vomiting; pain over the heart, of a stabbing character, shooting up to the left clavicle, outwards into the

axilla and backwards towards the scapula. Menstruation was irregular and the flow scanty; and she had been subject to vomiting of blood at the catamenial periods.

On admission, patient was very spare and of sallow complexion; there was a soft systolic bruit audible both at the apex and base of the heart, loudest in the area of the pulmonary artery; there was a marked difference between the radial pulses, the left being weaker both as felt by the finger and when tested by the sphygmograph. The temperature of the body was not above normal. The bowels were constipated. The other organs of the body seemed to be fairly healthy.

During the month of May, the next which followed, the patient's temperature was regularly taken; from time to time there were slight febrile attacks, lasting two or three days, the temperature ranging from 98° to 100·2° Fahr. Thus on two occasions there was a continuous rise for 36 hours from the normal line to 99·8°, and then after a short fastigium the temperature would fall with tolerable uniformity for two or three days towards the normal. For days together the body heat was little over 98°. The little febrile movements were much less marked at the end of May and the beginning of June. But during all this time the patient was becoming perceptibly weaker, and at times the pain in the chest was very severe and of a gnawing character.

On June 8, a patient was admitted into the next bed to that occupied by M. C., suffering from well-marked typhoid fever. Very shortly M. C. developed marked symptoms, headache, fever, loss of appetite, and then pain across the upper part of the abdomen; on the 16th her temperature reached 105° Fahr., and on the 17th 105·2°; the tongue was now moist and coated, great thirst, flushed face, delirium at night, severe pain in the chest, but no dulness, the lung sounds continuing clear. Diarrhoea set in, and the abdomen became distended and tympanitic. After a decided fall of temperature on the 17th, the body-heat again rose to 105° on the 19th, falling rapidly again on the following days. The fever continued remittent, but of a very irregular type, the temperature repeatedly falling below normal, and death took place from exhaustion on the 27th.

At the autopsy, twenty-eight hours after death, the body was found much wasted, the face sallow, not at all cyanotic. The heart was small, the left ventricle feebly contracted, the right cavities full of thin dark fluid blood, mingled with pale gelatinous.

clot. The *foramen ovale* was widely patent, with no tendency to valvular closure, an oval aperture existing between the auricles, $\frac{2}{3}$ of an inch in length from above downwards, and fully $\frac{1}{4}$ of an inch broad, the edges of the opening being thin and smooth. The tricuspid orifice admitted four fingers, the segments of the valve being large, thin, and transparent. The pulmonary artery and valves were normal, the ductus arteriosus obliterated. The mitral valve admitted the tips of two fingers; it was free from vegetations; the right extremity of the anterior segment was puckered. The walls of the left ventricle were thin; the aortic valves and coronary arteries healthy. The arch of the aorta was quite healthy, except in the third portion, where some slight opaque transverse streaks of atheroma were noted on the inner surface of the vessel, and a small area of bluish inelastic thinning; the outer coat was not affected, nor was the vessel bound down to any adjacent structures, and the descending aorta was perfectly normal.

The *lungs* were congested posteriorly, emphysematous anteriorly.

The *liver* was congested, weighing 38 ounces; the substance was rather friable; the centres of the lobules were deep pink, while the margins were yellow.

The *spleen* was congested and friable, weighing $5\frac{1}{2}$ ounces.

The *kidneys* weighed four ounces each; the capsules peeled easily; surface smooth; cortex opaque and streaky; substance rather friable.

In the *small intestines*, the lower five and a half feet of the ileum presented decided lesions. In the upper part of this tract, Peyer's patches were slightly swollen, purplish, and pitted; lower down were four patches in quick succession, much swollen and congested, with raised edges, which floated upwards with water, and filamentous or smooth slightly excavated bases. Still lower, Peyer's patches presented large shallow ulcers, with purplish filamentous bases, which as a rule involved only the mucous and perhaps part of the submucous coats; the edges were partly free, usually pale, sometimes slightly pigmented; not far from the valve, in the centre of one of these ulcers, a small deep excavation ran down to the subserous coat, which remained pale, without any trace of thickening or granularity. Still closer to the valve one very superficial ulcer appeared to be imperfectly healed; and the surface of the valve itself was thickened and congested with

patchy pigmentation. The solitary glands in the lower part of the ileum and in the colon were decidedly swollen.

Mesenteric glands swollen, dark purple and friable. There was a thin but wide extravasation of blood beneath the peritoneum, close to the lower end of the ileum.

The *stomach* was slightly congested.

The *os uteri* was patulous, its lips being swollen and congested.

The *spine* was free from erosion, thickening, or traces of any inflammatory process, although there was slight irregularity in the line of spinous processes in the lower dorsal region.

For the clinical history, Dr. Williams expresses his indebtedness to Dr. Moore, and for the pathological description, to Professor Allen.

EXHIBITS BY DR. ALLEN.

DR. ALLEN then exhibited the following pathological specimens :

I.—Caries of Spine ; Abscess behind Descending Aorta.

• The anterior surfaces of the bodies of the dorsal vertebræ from the third downwards are deeply eroded ; the intervertebral cartilages are largely destroyed, leaving patent fissures between the bodies ; the costovertebral articulations are in many cases laid open, the heads of the ribs being rough and carious. The descending aorta, with the adjacent layers of pleura, was separated far from the spine, the intervening space forming a large abscess cavity, with opaque, yellowish-white granular walls, and containing thick curdy pus. The aorta was closely bound to the abscess wall, but its calibre was not affected, and its inner coats were perfectly healthy. The pus had burrowed backwards and downwards on the right side of the spine between the eleventh and twelfth ribs, among the muscles of the back, to open just above the crest of the ilium. The dorsal spinal nerves were more or less laid bare in the posterior wall of the abscess, their sheaths being covered with coarsely granular yellowish-grey exudation. There was only the slightest backward projection of the middle dorsal spines.

The body was extremely emaciated ; the feet and scrotum œdematous. The left pleural cavity contained a large quantity of blood stained pus, which had escaped from a small rupture in the lower part of the wall of the great abscess ; but the fluid was limited by the presence of scattered old adhesions, and more recent false membranes. The left lung was everywhere bound to the

chest wall. Both lungs were semi-solid, the left base breaking down into pus.

The *bronchial glands* were enlarged, and contained nodules of cheesy matter.

The *spleen* was moderately amyloid, the Malpighian bodies being swollen, grey, and translucent, and giving the characteristic reaction with iodine.

The *liver* was large and very friable, with patches of advanced fatty charge.

The *kidneys* had slightly adherent capsules; the cortices were streaky; but both liver and kidneys were free from amyloid infiltration.

The patient, J. B., a strumous boy, aged 14, was admitted under the care of Mr. James, on January 26th, 1883. Eighteen months before, he first noticed pain over the crest of the right ilium; subsequently, about three months before admission, a hard lump formed in the same situation, and, gradually softening, was ultimately opened. At this time there was no curvature of the spine, and no pain on pressure over any part of it. There was a free discharge of pus from the opening, at first thin, but afterwards becoming thicker and more and more profuse. A probe could be passed inwards and upwards nearly as far as the spinal column, but no dead bone could be felt. There was always considerable difficulty in breathing, with marked consolidation of the base of the left lung. The patient could not retain one posture for any length of time, and seemed most distressed when sitting up, being then almost unable to breathe. He gradually became exhausted, and died on July 3rd.

The clinical notes have been kindly furnished by Dr. F. J. Owen, the house surgeon.

II.—*Recto-urethral Fistula; Tubercular Bladder.*

In the anterior wall of the rectum is a large irregular ulcer, the base of which is closely bound to the prostrate and floor of the bladder; and there is a distinct perforation in the floor of the ulcer opening into the front part of the prostatic portion of the urethra. The tissues of the prostate are much indurated, infiltrated with cheesy matter, and channelled with suppurating sinuses. The bladder is hypertrophied, the muscular coat being much thickened; the mucous membrane is irregularly swollen, nodular, slightly sacculated, with irregular ulcers and a general

granular condition of surface; the miliary granules were originally very distinct, but have faded somewhat since the specimen was placed in spirit.

The specimen was obtained from J. W., a porter aged 63, who was admitted under the care of Dr. Fulton, on June 2nd, 1883. He had been suffering from rheumatic gout for many years, the fingers being much distorted; but about six months ago there was great pain in the lower part of the abdomen, and at last something was felt to give way there. Subsequently he had constant diarrhoea, and says he passes fæces per urethram. There had been pain and tenderness in the lumbar region, especially on the right side; and also oedema of the ankles spreading up the legs, especially the left.

On admission the patient was emaciated and tremulous, the left leg being oedematous; the urine turbid, alkaline, containing one-fourth of albumen; absence of breath sounds, coarse râles and increased vocal resonance in the right infraclavicular region. Respiratory murmur inaudible over the right base posteriorly. Death ensued eight days after admission.

At the autopsy the body was found much emaciated; the bones of the hands were clubbed and distorted with old arthritis deformans; there were purpuric patches on the right wrist; both legs were oedematous, especially the left.

The pericardium contained about seven ounces of clear straw-coloured fluid; the heart was thin-walled and flabby, weighing eight ounces; the tricuspid valve admitted four fingers; the other valves were normal.

There were universal old adhesions over the right lung; the upper lobe was puckered and scarred, pigmented and airless, and on section contained remnants of old cheesy nodules, one of the bronchial tubes being dilated into a cavity of considerable size; at the base there was a large yellow cheesy patch, softening down at its upper part. In addition, both lungs contained numerous small cavities, some full of soft cheesy matter, and scattered through their substance were great numbers of greyish hard miliary tubercles, sometimes isolated, sometimes forming distinct groups. The extreme anterior borders were emphysematous, while the dependent parts were gorged with frothy blood-stained fluid, and friable.

The liver was friable, weighing 58 ounces; the centres of the lobules deep pink, the borders pale and yellowish grey.

The *spleen* weighed 10 ounces ; the cut surface was distinctly sago-grained, from amyloid deposit in the Malpighian bodies.

The *kidneys* weighed 12 ounces ; their surfaces were puckered from patchy atrophy. The capsules were adherent, the stellate veins well marked ; the mucous membrane of the pelves swollen and congested.

In the *intestines*, besides irregular ulcers in the rectum, there were tubercular ulcers scattered through the lower five feet of the ileum. The ulcers occupied Peyer's patches, and spread transversely ; their edges were thickened, slightly raised, irregular, and pigmented ; the bases were thickened, opaque, and granular ; the peritoneal surface opposite was congested, and dotted here and there with miliary tubercles.

The *left iliac veins* were plugged with pale adherent clot, softened at its centre ; the clot extended upwards as a free conical wave-marked process into the inferior vena cava, partly obstructing the orifice of the right common iliac vein.

III.—Typhoid Fever ; Limited but Deep Ulceration ; *Bronchopneumonia.*

P. C., a blacksmith, aged 45, was admitted under the care of Dr. Robertson, on June 14, 1883 ; he said he had been ill five days, with shivering, giddiness, pain in the head, thirst, and loss of appetite. On admission, the temperature was 102°, the pulse 108, the respirations 20. There were no spots, no distension nor tenderness of the abdomen, and no diarrhoea.

June 19.—Tongue dry and coated ; bowels open ; very deaf. Temperature preceding evening 101·2° ; morning 98·4° ; pulse 114, compressible ; respirations 24.

June 24.—Abdomen distended and tympanitic ; no pain ; bowels slightly relaxed ; is very deaf ; pupils contracted. Skin covered with cold clammy sweat. Temperature, preceding evening 99·4° ; morning 98·4° ; pulse soft, 102 ; respirations 24.

June 25.—Tongue dry and brown ; sordes on lips and teeth ; severe diarrhoea ; blister forming over sacrum.

June 27.—Tongue dry, brown, and tremulous ; delirious ; pulse 114, very feeble ; diarrhoea stopped.

June 28.—Temperature preceding evening 100·4° ; morning 98·4° ; pulse 126, soft and feeble ; respirations 30.

July 1.—Pulse 144, very weak ; respirations 36. Picking at bedclothes ; any part pressed on sloughs.

July 2.—Died.

At the autopsy, the muscles were found very dark ; the heart everywhere relaxed ; scattered through both lungs were small pinkish-red, indistinctly granular patches of consolidation (lobular pneumonia), the intervening tissues being congested and friable.

The *spleen* was moderately enlarged.

The *liver* congested and friable.

The *kidneys* pale, friable, with opaque, streaky cortices.

The *mesenteric glands* were swollen, purple, and friable.

The lower four-and-a-half feet of the *ileum* displayed the lesions of typhoid fever. Above, Peyer's patches were slightly swollen and pitted ; lower down they contained pale ulcers, with thin, free edges and pale bases, sometimes exposing the circular muscular fibres. In most cases the ulcers occupied only part of a patch, being small but deep. Near the valve the edges were pigmented.

The following is the complete temperature chart :

Morning and Evening Temperatures.

1883.	Morning.	Evening.	Pulse and Respirations, &c.
June 14	102·0°	103·2°	P. 108. R. 20.
„ 15	101·2	101·6	
„ 16	98·4	100·8	
„ 17	98·4	98·4	
„ 18	98·4	101·2	
„ 19	98·4	98·4	P. 114. R. 24.
„ 20	102·2	102·8	
„ 21	101·4	102·0	
„ 22	102·0	99·4	
„ 23	98·4	103·6	P. 102. R. 24.
„ 24	101·4	101·0	
„ 25	100·2	99·2	
„ 26	100·0	100·0	
„ 27	98·4	100·4	P. 114.
„ 28	98·4	100·6	P. 126. R. 30.
„ 29	100·0	100·6	
„ 30	100·0	102·6	
July 1	99·6	101·6	P. 144. R. 36.
„ 2	102·6	Died.	Twenty-third day of disease.

For the clinical history Dr. Allen expresses his acknowledgment to Dr. Moore.

IV.—Hypertrophy of Liver and Spleen.

Dr. ALLEN also exhibited specimens of enormously hypertrophied liver and spleen, the former weighing 172 ounces, the latter 176 ounces. The consistence of the liver was about normal, but the

spleen was dark and very firm, with patchy thickening of the capsule. The *kidneys* weighed 16 ounces; they were large and flabby, capsules slightly adherent, surface smooth, cortex broad. The *heart* weighed 12 ounces, and was flabby, everywhere relaxed. All the cavities contained soft yellow opaque clot, resembling concreted pus. Similar clot was found in the pulmonary vessels. The lungs were intensely emphysematous; the dependent parts somewhat congested and friable.

The patient, G. R., æt. 25, was admitted under the care of Dr. Robertson, on June 16th, 1883. Fifteen months previously he first noticed enlargement between the ribs of the left side, which gradually increased, reaching its present size in about five months, and then remaining stationery. During the last fortnight before admission he noticed a dull pain over the tumour, with a sensation of great weight in the abdomen. At present he is of sallow complexion, and complains of weakness and shortness of breath. The appetite is good; the bowels regular; there is no dropsy; the temperature is normal; the sounds of the heart and lungs healthy.

The patient has always lived in this colony, except for occasional trips during shearing time twenty miles over the border into South Australia. He has lived on ordinary food—meat, vegetables, &c.; and had never suffered from malaria, syphilis, or other serious disease.

A few days after admission he suffered from severe headache and bleeding from the gums. On the evening of the 27th he had epistaxis. On the following morning his temperature was 105°, and he died suddenly at 10 o'clock p.m., twelve days after admission.

Dr. Moore, the resident physician, has kindly furnished the few clinical notes available.

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QUARANTINE.

The subject of quarantine is one which has a very special interest at the present time. Its advantages and disadvantages have lately been warmly discussed in nearly every civilised country, and very curious differences of

opinion have been found still to exist, after centuries of experience. In these Colonies, up till quite recently, the problem has been a comparatively simple one, and it by no means follows that the practice adopted, voluntarily or under pressure of circumstances, in the mother country, is necessarily the most desirable here. In Great Britain, of late years, there have been developed among sanitary authorities what look like quite contradictory tendencies with regard to it. What has been called "external quarantine," is systematically cried down, as both cruel and inefficient; while "internal quarantine" has been coming into favour in almost equal measure. By the former, of course, is meant quarantine in the popular sense of the word—the compulsory isolation of all persons arriving from some suspected port by sea, and especially when any of them during the voyage had showed symptoms of the disease whose introduction was feared. That practice, in its full extent and severity, has long been abandoned in England. To carry it out, as was done a century or more ago, would have involved such disturbance of trade and other relations with foreign countries, that the attempt had to be given up; and there was the less reason for trying to continue it, inasmuch as most epidemics likely to flourish are already thoroughly acclimatised. The endeavours made to keep out cholera in 1848 failed so utterly, that the system became completely discredited; and there seems now to be almost perfect unanimity of opinion among English sanitarians, that the only means of opposing that disease efficiently is by general sanitary measures. Nothing can be more gratifying to the cultivators of scientific hygiene, than the absence of panic among the English public, in the face of the imminent danger of a fresh inroad of Asiatic cholera, and the confidence shown in the means which have been adopted for improving the sanitary condition of all parts of the country, and especially the large towns.

In these Colonies we are rather differently situated. Even now, in these days of short voyages, we are far enough from the great centres of population to allow of almost any contagious disease developing itself between the ports of

arrival and departure. And further, the number of foreign arrivals is comparatively limited, so that the difficulties attendant on isolation and supervision are in a manner slight. It is true that we have not succeeded in keeping out measles, scarlatina, typhoid, and some other epidemic diseases; but we seem to have kept out small-pox, or, at least, have prevented it from spreading widely; and cholera has never found its way to our shores. It is also certain, that small-pox has more than once gained admittance, in spite of our port regulations, administered almost to the extent of cruelty in some instances; and our immunity from cholera, so far, is most probably owing to the small amount of direct intercourse with the countries where it has raged, at previous periods when it put on the pandemic character. The victories gained by the adoption of quarantine regulations, therefore, in these Colonies, have often been at best doubtful.

With regard to internal quarantine, or the adoption of measures of isolation, disinfection, &c., to limit or stop the spread of infectious diseases, after they have been introduced into a particular locality, the experience has been rather different. Of course, the system of cordon, which has been tried recently in Egypt without success, is not likely to be adopted in any English-speaking community. But it has been abundantly proved that, by early isolation and careful supervision of first cases, aided of course by the adoption of proper hygienic precautions, the general diffusion of an epidemic disease in a particular town or district may often be prevented. Both in New South Wales and Victoria success has followed measures adopted for stamping out small-pox which had been accidentally introduced. Sanitarians of the more ardent sort even express the hope that, in the better and wiser days to come, all epidemic diseases will, one after another, be stamped out; and if such hopes lead to efforts for their attainment, they may well be cherished.

The success which has attended the system of internal quarantine, just defined, has of course been denied, and its advocates derided by that rather crotchety organ of opinion, the London *Spectator*; but it is none the less real, and ought to serve as a guide in the steps adopted for preventing the

introduction of diseases from abroad. Sweeping quarantine regulations, in the old sense, are not thought of now in England ; but it does not follow on that account that no precautions are to be taken. According to the regulations issued by the Local Government Board, all ships arriving from cholera ports are to be inspected by competent medical examiners, and, if no cases of disease are discovered, there is no further detention or interference. If any cases are found, the patients are to be cared for on shore, the healthy persons being dismissed, after disinfection of the ship and all suspicious articles has been affected. The only further interference with the freedom of healthy passengers proposed is, that they are to leave their names and their intended destination with the port authorities.

Different from these have been the rather wild proposals we have lately had from our authorities, to enforce strict quarantine precautions against all ships, from ports of every name, from Fiji to Suez. It would be far better to adopt, and carry out thoroughly a system of inspection by a competent medical man of all ships coming from foreign parts ; more careful attention being given to those coming from places known to be infected. There has been great want of persistent care in this respect ; periods of laxity alternating with others of unnecessary strictness, as the mood of saving or of profusion happened to seize the head of the department for the time being. If this inspection were properly and consistently done, the loss of time, money, and temper involved in sending ships to the quarantine ground might be avoided in most cases ; and only a short detention for disinfection, &c., need be adopted in any case. The proposal to have some uniform method followed at the ports of the different Colonies is a right one, and, if adopted, will affect much saving without appreciable increase of risk. This subject may with advantage be discussed at the coming Intercolonial Conference ; and if advice and suggestion be taken from the best available authorities in the medical profession, a way of getting over difficulties might be devised. To look for, or follow the counsel of members of our profession, even on their own ground, is not enough the

custom with some of the Victorian men in power ; but it is certain that only by obtaining such assistance can proper methods be devised or carried out.

DR. WILKINS AND THE MOORFIELDS HOSPITAL.

In our number for January last we extracted from the *Evening Star*, of Dunedin, a public notice issued by the New Zealand Medical Association to the effect that Dr. Wilkins was falsely advertising himself as "late of the surgical staff Royal Eye Hospital, Moorfields, London;" whereas the Secretary of that Institution officially declared that "no Dr. Wilkins was ever at, or for any time on the staff of this Hospital."

Dr. Wilkins has favoured us with copies of documents which prove incontestably that he was appointed Clinical Assistant to the Moorfields staff in 1866; this fact is attested both by the Senior Surgeon, Mr. Bowman, and by the Secretary, whose first mis-statement gave occasion to our extract. We greatly regret having shared in spreading a false report to the detriment of a well-known practitioner.

Obituary.

MR. WILLIAM THOMSON, F.R.C.S. ED.

In our last number we could but barely notice the death of Mr. William Thomson, who for the last ten years has played such a conspicuous part in Victorian medical literature. Mr. Thomson was born at Paisley, in 1819. He received his medical education at the Glasgow University and the Andersonian School of Medicine, and in 1843 became a Licentiate of the Royal College of Surgeons, Edinburgh. Nearly ten years later, very shortly after the discovery of gold in Victoria, Mr. Thomson first came to the colony in charge of an immigrant vessel; and he made five subsequent trips in the same capacity before finally settling down, in 1854, to practise in Melbourne. His industry and ability soon made him prominent in the ranks of the profession. For some time he was librarian to the Medical Society of Victoria, and from 1859 to 1861 he acted as editor of this journal; but unpleasantness

arose, leading to the severance of his connection both with the Society and the journal. Thenceforward he was not on friendly terms with a large section of the profession, an unfortunate fact, which greatly militated against his influence in our local medical world ; but he was not on that account less prominent before the public. Numerous books and pamphlets, and still more numerous communications to the daily press, issued from his fluent pen ; but every publication, though bearing marks of great industry and keen thinking, seemed to entangle him in fresh controversies, generally conducted in no gentle spirit ; and in the heat of argument which he provoked his opponents were somewhat apt to forget the unquestionable value of his work. He had not perhaps any strongly-developed judicial faculty, but possessed all the ardour and rhetorical power of a skilled advocate ; yet, however that might be, he brought important medical questions before the public in a vigorous style which could not fail to attract notice, and thus rendered decided service to the community.

Mr. Thomson's first important work was published in 1870, and dealt with the prevalence of phthisis, and the alleged prophylactic and curative influence of Australian climates. Subsequent pamphlets on the same subject embodied the results of his further inquiries ending in 1879. He pointed out that the deaths from phthisis among the Victorian born, as compared with all deaths from phthisis in the colony, had risen from 9·63 per cent. in 1871 to 18·11 per cent. in 1877 ; and, from Mr. Hayter's more recent statistics, we find that the percentage in 1881 was 28·10. Again, Mr. Thomson wrote as follows :—" It will be seen that out of the 3003 of whom particulars could be obtained who died of phthisis in Victoria during 1876, 1877, and 1878, 762, or 25·37 per cent., were born in Australasia ; that 2003, or 66·70 per cent. more, had resided there for upwards of five years ; that 112, or a further 3·73 per cent., had lived there for upwards of two years ; and that only 126, or about 4 per cent., had lived there for less than two years." Again, he could urge that, during 1877, 12·8 per cent. of all deaths in Victoria, and 23·10 per cent. of all deaths in Melbourne, were due to phthisis. A sub-committee of the Medical Society, dealing with the same subject, came to almost diametrically opposite conclusions, and their report may be found in the number of this journal for December, 1877. Probably the correct opinion was that propounded by the earliest writer on the subject, Dr. Bird, in his

brochure published in 1863:—"In short, there is no mystery about the matter. We need call in no . . . specific agency in the Australasian air to account for our low mortality from consumption. The simple reason is that here the plain ordinary elements of health—air, oxygen, light, exercise, nourishing food—have more opportunity of exhibiting their normal operation on masses of the population than they have in England."

Closely related to the same subject was a pamphlet on "The Histo-chemistry and Pathogeny of Tubercle," published in 1876. The modern doctrines concerning the structure of tubercle were then fairly complete. The existence of giant cells amidst a lymphoid tissue was recognised by most original observers. The presence of peculiar granular bodies had been noted, and it had been questioned whether or not they were true micrococci. The infective power of tubercle within the body was well known, and even the most common students' text book of pathology said it was possible that this power in products apparently inflammatory might possibly "be determined by atmospheric influence, or by the presence of minute organisms." Villemin, Klebs, Waldenburg, Wilson Fox, and others, had shown that when animals were inoculated with tuberculous matter they developed a disease which these observers considered identical with human tuberculosis. Dr. William Budd had allied tuberculosis causatively to the acute specific fevers. Mr. Thomson, reasoning from these facts, argued that the granular bodies noticed in tubercle must be true microzymes, and the true exciting or proximate cause of the disease. He described these germs as withdrawing nitrogen from nascent epithelial cells, the blighted cells accumulating in the air vesicles as a nodular mass, and the microzymes remaining "buried as it were in the ruins they produced." "The action thus set up by micrococci would constitute tuberculosis a true mycosis. . . . If the explanation here offered be found true, it will fully account for the febrile symptoms occurring on every fresh swarming or multiple of the parasites; also for the consecutive anatomical lesions in the trabeculae, inter-alveolar growths," &c. Mr. Thomson further brought this germ theory into relation with the doctrines of caseation of Buhl, Niemeyer, and others in the following way: "While the caseous centre remains encapsuled, the external air is excluded; but a breach in it, caused by ulcerative absorption, allows access by the germs of micrococci. . . . These germs, by developing and multiplying, naturally migrate through the

afferent channels of the lymphatics to the lymphatic glands. . . . There the parasites will operate, . . . the resulting morbid products being of precisely the same nature. . . . If, on the other hand, the micrococci be taken up by the venous radicals, they will equally readily be conveyed thence through the capillaries of the pulmonary artery, and thus finally reach the alveolar walls of the air vesicles, where they will operate again upon the freshly exuded protoplasm. . . . By their nature these plastid particles of hyaline will possess the power of amoeboid movement."

It was not till March 24th, 1882, that Dr. Robert Koch, at a meeting of the Berlin Physiological Society, described the bacilli which have now become famous. These bacilli probably differ altogether from the granular bodies referred to by Mr. Thomson, and it is still uncertain what rôle they play in the tubercular process. But, so far as we know, Mr. Thomson was the first, not merely to maintain without limitation that phthisis was a contagious disease caused by germs, but to attempt a coherent explanation of the phenomena of phthisis in accordance with this theory.

In 1874 Mr. Thomson was invited by the Central Board of Health to inquire into the causes which led to the unusual prevalence of typhoid fever during the preceding autumn. At that time the most varied titles were given to the endemic fever of this colony, as for example—typhoid, typhus, continued fever, gastric fever, enteric fever, colonial fever, low fever, relapsing fever, bilious fever, &c.; all these names then figured among the causes of death set forth in official certificates, and no little uncertainty seemed to prevail among both the public and a large section of the profession concerning the true nature of the disease. At the leading Hospitals it was fully recognized that there was only one form of fatal continued fever known in the colony, namely typhoid or enteric fever; and the Lecturer on Medicine at the University, Dr. James Robertson, had for about ten years been teaching that according to the weight of authority this fever never arises *de novo*, but always spreads from the sick to the healthy, the specific poison being contained in the stools of the patients. These were the doctrines of William Budd, of Bristol, first enunciated by him in the *Lancet* for Nov. 15th, 1856.

In 1873, Dr. Budd published his masterly work on Typhoid Fever, its nature, mode of spreading, and prevention; and by the history of the North Tawton and other outbreaks, he clearly

brought typhoid within the group of specific contagious fevers, and showed that it did spread from person to person, and from village to village; and last, but not least, he drew up a set of rules for popular use, whereby through due attention to disinfectant measures the diffusion of the disease might be prevented.

However, in the same year, Dr. Murchison, in his great work on the continued fevers, after a lengthy argument, stated that typhoid fever "may be generated independently of a previous case by fermentation of faecal, and perhaps other forms of organic matter. It may be communicated by the sick to persons in health, but even then the poison is not, like that of small-pox, given off from the body in a virulent form, but is developed by the decomposition of the excreta after their discharge." In many standard text-books the doctrine of contagion was treated as a doubtful matter, or even gently laughed at.

Under such circumstances Mr. Thomson commenced his inquiry; he espoused with the greatest ardour the doctrines of Budd; he referred to the experience of our hospitals as convincing proof that we had to deal with typhoid, and typhoid only; and by analyses of statistics and by histories of particular outbreaks, he endeavoured to show that contagion was the one law which governed the prevalence of the fever. This view, though advocated with very great ability, did not commend itself to the Central Board, and Mr. Thomson was forced to publish his report on his own behalf. He repeatedly returned to the same subject, the third and last edition appearing in 1878. Mr. Thomson now contended that the varying prevalence of typhoid in the colony had been governed by the degree in which disinfectant treatment had been pursued. His earnest and untiring advocacy of the contagion theory has without doubt been of decided service to the public, and has greatly hastened the spread of more correct opinions among the profession; and if lazy Boards of Health and ignorant municipal bodies took advantage of these views to save themselves the trouble of attention to ordinary sanitary measures, that evil cannot fairly be laid, as it has been, at Mr. Thomson's door. His own words are as follows: "A purely contagious theory of typhoid fever causation neither implies nor involves carelessness about dirt and disease. Dirt creates disease in many ways, although it is neutral about one particular mode; and dirt engendered diseases are often deeper, more deadly and enduring, with worse remote consequences, than

even the fatal out-spoken fever." It may be regretted that Mr. Thomson did not bend his acute mind to a fuller study of the conditions which favour or check the activity of the typhoid virus—a field in which so much remains to be done. But perhaps, had he done so, he would have clouded his main issue that the disease is due to germs and can be prevented by appropriate disinfectant measures, a doctrine which all recent experience has only served to confirm.

Space will not allow us to follow Mr. Thomson in his other works; he always took a lively interest in the prevention of the various cattle plagues, and thus again placed the colony in his debt. In 1871 he was elected a Fellow of his College; and for many years he was a member of the Medical Board of Victoria. He devoted much attention to the Bacon-Shakespeare controversy, warmly espousing the title of Lord Bacon to the authorship of our great national dramas; but despite all the learning and ingenuity which he brought to the defence of his pet theory, the public would none of it. For many years Mr. Thomson was deeply engaged in an extremely large practice; his views on the contagious nature of phthisis and the influence of antiseptics attracted to him great numbers of consumptives, and cases of chest disease generally; and it was matter for wonder how he found time for his varied literary undertakings.

It will thus be seen that we regard Mr. Thomson's works as having been of most signal benefit to the community; and we deeply regret that a vein of acrimony and ego-ism which frequently intruded itself into his writings alienated during his lifetime many who might have been his co-workers. But none the less earnest is the general tribute to his memory, as a man of great talents, wide culture, immense industry, who laboured untiringly for the public welfare. His death took place at his residence "Garnock," South Yarra, on May 22nd, in the 64th year of his age.

LIST OF WORKS PUBLISHED BY MR. THOMSON,

- "The Transversus Pedis in the foot of the Gorilla," 1864.
- "On Phthisis and the Supposed Influence of Climate," 1870.
- "A Sequel to the Essay on Phthisis," 1871.
- "On Typhoid Fever in Melbourne," 1874.
- "The Histochemistry and Pathogeny of Tubercle," 1876.
- "A Third Analysis of the Statistics of Phthisis in Victoria—
completing the series—to which are prefixed Remarks on
one of the Modern Modes of Medical Treatment," 1876.

- "Etiology of Typhoid Fever," 1878.
- "On Phthisis and the Supposed Influence of Climate—being an analysis of statistics of Consumption in this part of Australia—with remarks on the increase of that disease in Melbourne," 1879.
- "Remarks on a Review of the Report on the Cause and Extent of Typhoid Fever in Melbourne," 1879.
- "The *Lancet* and the *Argus* on Typhoid Fever in Melbourne," 1882.
- "The Germ Theory of Phthisis verified and illustrated by the increase of Phthisis in Victoria," 1882.
- "The Germ Origin of Tubercle, illustrated from the History of Phthisis in Victoria," 1882.
- "The Germ Theory of Disease applied to eradicate Phthisis from Victoria," 1882.
- "On Renaissance Drama, or History made Visible," 1880.
- "The Political Allegories in the Renaissance Drama of Francis Bacon," 1882.
- "William Shakespeare in Romance and Reality," 1881.
- "Bacon and Shakespeare, on Vivisection," 1881.
- "Bacon not Shakespeare, by W. T., in rejoinder with Shakespeare not Bacon, by J. S.," 1881.
- "Ship Yachts and Full-Power Steamers," being a letter to the President of the Melbourne Chamber of Commerce, 15th December, 1872.

Review.

Systematic Census of Australian Plants: Part I. Vasculares.
By BARON F. VON MUELLER, M.D., F.R.S., &c. The
Government Printer, Melbourne, 1882.

This work supplies another proof, if proof were needed, of the extensive erudition and unwearied industry of Baron von Mueller, who has made the study of the Australian flora his life's work. Of its value to students of that flora, and even to botanists generally, there can be no doubt; and there can also be no doubt that it was needed. The great "*Flora Australiensis*," begun by Mr. Bentham, but carried on very largely by the assistance of Baron von Mueller, contains descriptions in proper order of most of the known plants of this continent; but, since its publication was commenced in 1863, many new species have been discovered and described which could not find a place in that work. Supplements will be needed, but they would involve much labour in preparation, and some delay would of course bring with it the

advantage of allowing of completeness, no small matter in a book which is not likely soon to run to a second edition. The object of the present work is to supply full and exact references to all publications, in which are to be found descriptions of plants whether given in the "Flora" or not. Most of them are to be found in the "*Fragmenta Phytographiæ*," the volumes of which themselves needed some such systematic index. But this work is much more than a mere index to the "Flora" and the "*Fragmenta*," since it supplies references also to the first published descriptions, with dates and names. It is therefore in a manner a history of Australian descriptive botany. And even with this its interest and value are not ended; since, by the addition of notes showing when and by whom the various genera, natural orders and other divisions were set up, it also becomes to a certain extent a history of botanical classification in its present form. If Baron von Mueller had been able to carry out his wish of adding to the Australian habitats references to localities in other parts of the world where certain species also occur, the interest of the work would have been considerably increased, as it would thereby have become also an essay on the geographical distribution of plants found in Australia. Such additions perhaps would have been beyond the scope of the Census, and would have necessitated an increased size of page, with, of course, considerable increase also of labour and expense. For the work as it stands gratitude is due to the learned author, and if space did not fail many points of interest might have been mentioned, suggested by a review of its pages. It is to be earnestly hoped that such encouragement and assistance may be given to Baron von Mueller, that he will be able to issue the second part, containing similar lists of the Australian "*Evasculares*" at as early a date as possible.

J. J.

Extracts from the *Medical Journals*.

THE LANCET.

Plumbism.

Dr. Porter of Sheffield, in referring to the relative frequency of the special symptoms of lead-poisoning, stated that among thirty cases colic had occurred in twenty-seven, some loss of power or paralysis in eighteen, and eclampsia in two. The characteristic blue line was present in twenty. He believed that lead palsy

only occurred after long exposure to the poison. As to pathology, he stated that it was doubtful whether the palsy was due to an anterior polio-myelitis, or whether it was to be regarded as a general peripheral neuritis. He dwelt strongly on the importance of preventive measures being adopted among those who were unavoidably exposed to the action of lead.

Chlorosis and Pyrexia.

Although much irregular fever has been detected in cases of so-called progressive or pernicious anæmia, the temperature of the ordinary cases of chlorosis met with in young women is usually believed to be normal. This belief has been contested by M. Molière in a recent number of the *Lyon Médicale*. His observations were made on eight young women who presented no other signs of disease beyond the anæmia for which they were under treatment. The temperature was taken every morning and evening over a period varying from two to fifty days, and was found to oscillate between 101·8° F. and 102·8° F. The amount of urea eliminated per diem was estimated and found to be normal.

Perforating Ulcers of Both Feet.

A case of the above, reported by Mr. Frederic Heath, contains a report of the microscopical appearances of the nervous lesions. The posterior tibial nerves were examined. There was a great increase of the connective tissue, especially the peri and epineurium. The lymph spaces surrounding each nerve bundle in the trunk were much expanded.

The chief points in which the case differs from those previously reported are—(1.) There was no anæsthesia of the affected limbs, but on the contrary, in the case of the left leg at least, hypersensitiveness. (2.) There was no profuse or foetid sweating in the left leg or foot, although this was occasionally found in the right. (3.) There was no diminution of tendon reflexes.

The Micrococcus of Gonorrhœa.

Dr. Sternberg of Philadelphia, U.S.A., has continued his observations on this subject. He finds that the micrococcus is continually present in gonorrhœal pus; it has in all cases the same morphological appearances, and no other organisms than it develop in culture fluids inoculated with this pus. His experiments agree with many other facts adduced against the

specific nature of gonorrhœa, and they show the need of caution against accepting the discovery of the presence of a micrococcus in a morbid discharge as proof of the rôle played by the organism in the causation of the disease.

On a Method of Controlling Hæmorrhage in Amputation at, or Excision of, the Hip-joint.—Mr. Jordan Lloyd, in a paper read before the Midland Medical Society, describes his method for the above. It consists in first emptying the affected limb of blood by elevation. A strip of black indiarubber bandage, about two yards long, is to be doubled, and passed between the thighs, its centre lying between the tuber ischii of the side to be operated on and the anus. A common calico thigh roller must next be laid lengthways over the external iliac artery. The ends of the rubber are now to be firmly and steadily drawn in a direction upwards and outwards, one in front, and one behind, to a point above the centre of the iliac crest of the same side. They must be pulled tight enough to check pulsation in the femoral artery. The front part of the band passing across the compress occludes the external iliac, and runs parallel to and above Poupart's ligament. The back half of the band runs across the great sacro-sciatic notch, and by compressing the vessels passing through it, prevents bleeding from the branches of the internal iliac artery. The ends of the bandage thus tightened must be held by the hand of an assistant, placed just above the centre of the iliac crest, the back of the hand being against the surface of the patient's body. It is a good plan to pass the elastic over a slip of wood held in the palm of the hand, so as to diminish the pain attending the prolonged pressure of the rubber bandage. The solid rubber tourniquet may be used instead of this bandage. He prefers, however, the bandage. The soft parts are less damaged by reason of its greater breadth, and it is less likely to roll off the compress placed over the external iliac. The ligature being altogether above the limb, is out of the way of the surgeon in any operation at or about the hip-joint. The great trochanter is fully exposed, the hip being free upwards as far as the iliac crest, and inwards to the perineum. The plan is equally applicable in amputation by transfixion, or in excision of the joint.

On Three Successful Cases of Nephrectomy.—Mr. Knowsley Thornton, in commenting on these cases, states that they seem to demonstrate the advantage of the lateral over the median incision ;

the perfect suitability of the abdominal operation to all cases in which nephrectomy, and not mere nephrotomy, is the end aimed at; the capability of the peritoneum to dispose of large quantities of effused fluid under aseptic conditions, without the aid of the drainage tube, and without serious constitutional disturbance arising from the absorption of the effused fluids, even after the removal of such an important eliminator as the kidney. The great differences in the ages of the patients, seven, twenty-six, and fifty-eight, and the varying diseases for which the operations were performed, make the records of especial value. "The operation of Langenbach, with the extra-peritoneal treatment of the bladder end of the ureter, seems so surgically perfect, that I cannot conceive any case presenting itself in which I should care in the future to face the difficulties and uncertainties of the loin incision."

Iodoform.—Mr. A. F. McGill believes that iodoform may be applied with advantage in four different classes of cases:—(1.) In old septic wounds, the result of inflammation or of traumatism. (2.) In recent wounds, in the infliction of which it is impossible for the surgeon to adopt full antiseptic precautions. (3.) In wounds near any of the natural orifices of the body. (4.) As an external application combined with other antiseptic dressings.

Catarrhal Deafness in Children.—Mr. Field read some notes on this subject to the Harveian Society of London. Catarrh of the middle ear is the commonest and most important cause on account of its sequelæ; its early arrest is of the highest moment. It may be self-curative, but the popular plan of leaving it to itself is unsafe. For its cure one has to abolish the *fons et origo mali*, catarrh of the naso-pharynx. The first effects of the latter disease are swelling and blockage of the Eustachian tubes, and consequent deafness from rarefaction of the air in the tympanum. Thickening of the membrana tympani, clogging of the tympanic cavity, and interference with the movements of the ossicles are among its ultimate serious effects, and autophony and noises caused by the mucus in the tympanum may occur as symptoms. Chief among the means of treatment is Politzer's air-bag. The use of this bag, as also of Valsalva's method of ventilating the tympanum, may be rendered more than futile by a too frequent employment. Astringents, tonics, and mild aperients must not be ignored, as also the influence of hygienic and local conditions, and subjects of the disease should be cautioned to provide against the admission of cold water into the ear in bathing.

Cigarette Smoking.—In cigarette smoking the tobacco leaf is reduced to very fine shreds, and it is consumed with great celerity. The smoke passes directly into the mouth, and whatever nicotine there may be to affect the organism of the smoker is taken up with especial avidity. The influence of cigarette smoking on the pulse is often strongly marked. The sphygmograph gives tracings which are characteristic of the depression produced by tobacco on the vaso-motor centre and nerves, and these tracings are more characteristic in the case of the habitual smoker of cigarettes than in that of the smoker of cigars or a pipe. The writer concludes, "We neither share the fashionable belief that alcoholic drinks are injurious when taken in strict moderation, nor do we for a moment think that a moderate use of tobacco is to be deprecated, except in special cases; on the contrary, we are convinced that for the relief of many mind and nerve troubles, and for the reduction of needless and mischievous excitement in the brain and other nerve centres, tobacco smoking is often useful; but at the same time we are persuaded that a protest against the habitual smoking of cigarettes is needed."

Severe Hæmorrhage after Tooth Extraction treated by Transfusion.—The *Revue Odontologique* contains a case of almost fatal hæmorrhage after tooth-extraction. The patient, a young soldier of twenty-two, with a marked history of hereditary and collateral hæmorrhagic diathesis, was admitted to the Hôtel Dieu, and had some molar roots removed, without telling the house-surgeon any facts as to his history, and the operation was followed by profuse hæmorrhage of a dark color without clots. Next morning plugging with lint and perchloride of iron was tried without permanent effect. On the third day actual cautery was tried at the bottom of the socket, followed by sponge pressure, the jaws being fixed by a bandage, and ergotine subcutaneously injected. On the fourth and fifth there was no hæmorrhage; injections continued. Next day (sixth) the bandages were removed, owing to sloughing and suppuration of the gums, and from the raw surfaces profuse bleeding recurred, and no local measures were effective to arrest it. On the eleventh day the patient was moribund, and it was decided to try transfusion of blood. After plugging the socket again, 100 grammes of blood were transfused into the cephalic vein, with immediate relief. In three hours the trouble began again, and continued till next morning, when after a second transfusion the patient began to revive, although an access of

syncope nearly proved fatal during the operation. However the hæmorrhage was stopped, and in six weeks the patient was discharged cured.

R. A. S.

MEDICAL TIMES AND GAZETTE.

FEBRUARY AND MARCH.

Elephantiasis, &c., due to the Abortion of the Filaria Sanguinis Hominis.—Dr. Manson points out that the embryonic filaria (those generally found in the blood) are contained in a spheroidal case whilst in their ova condition, and that the diameter of such an ovum is from five to six times greater than that of the hatched embryo.

The parent filaria (female) nearly always occupies the lymphatics on the distal side of the glands. If it aborts, as it occasionally does, these ova will act as emboli and block the lymph current, and as a result lymph scrotum, elephantiasis, &c., will ensue. The ordinary embryos readily pass through the vessels. In two cases of lymph œdema he has found these ova in the distended lymphatics, and believes that this process furnishes a key to the explanation of the whole pathology of the filarial diseases.

Maclagan on Rheumatic Endocarditis.—He desires to correct a statement which has been made, to the effect that the heart does not recover from rheumatic endocarditis, whilst the joints recover from their rheumatic affection. The endocardium proper is not primarily affected in rheumatism. It is injured by the swelling of the subjacent fibrous textures, which cause abrasion of the endocardial valvular surfaces thus forced into contact with one another. When under anti-rheumatic treatment the affection of the fibrous tissue subsides, the injury already done to the endocardium is often past repairing, and permanent valvular disease remains.

Removal of Tumours from the Anterior Mediastinum.—Dr. Kuster removed a tumour which was attached to the third and fourth right costal cartilages, and to the right side of the sternum. In doing so he removed those cartilages and part of the sternum, exposed the pericardium, cut the internal mammary artery, and opened the right pleura. The patient made an excellent recovery. Antiseptic precautions were used throughout the operation. The tumour proved to be a softening gumma.

Dr. König removed an osteo-chondroma of the sternum, and in doing so opened the pericardium and both pleural cavities. His patient, however, recovered.

Koch's Observations on the Tubercular Bacillus confirmed.—Mr. Cheyne has presented a report on the subject of the Relation of Micro-organisms to Tuberculosis to the Association for the Advancement of Medicine by Research. His conclusions may be summed up as follows :

- (a) It is very difficult indeed to produce tuberculosis in animals (rodents) by putting setons into their tissues, by injecting vaccine lymph or pyæmic pus subcutaneously or otherwise, or by other such methods.
- (b) Professor Toussaint's micrococci will not produce tuberculosis.
- (c) That in every case where an animal was inoculated with Koch's bacilli, the animal became tuberculous, and the tubercles contained the bacilli in numbers which apparently bore no definite relation to the severity of the disease.
- (d) The bacilli occupy epithelioid cells, which are for the most part derived from the epithelial cells of the pulmonary alveoli, and which may unite to form giant cells.
- (e) Their rapid development is associated with caseous phthisis, and their slower development with fibroid phthisis.

Subcutaneous nodules in Rheumatism.—Dr. Money exhibited to the Clinical Society of London many specimens of fibroid subcutaneous nodules which occurred in the subjects of rheumatism. They were loose vascular fibroids, which were situated over joints for the most part, and which sometimes disappeared under treatment.

Solid Ovarian Tumors.—Mr. Knowsley Thornton has performed 338 ovariectomies, and has found solid ovarian tumours (mostly sarcomata) ten times. They differ from cystic ovarian tumours clinically, in being attended with irregular menstruation, and from solid uterine fibroid in causing emaciation and impairment of the general health. The immediate and ultimate danger of operation in such cases is much greater than in ordinary ovariectomies.

Suppurative Pericarditis treated by Free Incision.—Dr. West has recorded a case, which he treated in this way and which recovered. All previous cases so treated died, the heart being sometimes wounded during the operation of opening the pericardium.

Nævus of the Rectum.—Mr. Barker reports such a case, where the walls of the rectum were in a nævoid condition. On the mucous membrane were three small ulcers detected by examining the rectum with a vaginal speculum and a strong light. Hæmorrhage took place at intervals, and finally proved fatal, treatment being ineffectual.

Micrococcus of Erysipelas.—Fehleisen has obtained and cultivated micrococci obtained from the lymphatics of a tissue affected by erysipelas. The results of his cultivation always produced erysipelas when inoculated. A 3 per cent. solution of carbolic acid destroyed their vitality in 45 seconds. J. W. B.

NEW YORK MEDICAL RECORD.

Transplantation of Portions of the Conjunctiva from the Rabbit to the Human Eye.

Dr. H. D. Noyes has performed this operation many times since 1872, chiefly for symblepharon caused by burns, and also to increase the size of the conjunctival sac, that a patient might be enabled to wear an artificial eye. First, all adhesions must be separated, so that the eyeball and lids have their proper freedom. The rabbit is secured in a pasteboard box, out of which his head protrudes, and etherized. The whole conjunctiva is then dissected off with pointed scissors, curved on the flat, beginning at the inner canthus, and from the circumference towards the cornea. As the membrane is lifted, two threads of fine black silk, with needles attached, are put into one end of the piece, by which, when fully separated, it can be carried. It is then put in a saucer of tepid water, and fastened on to a submerged piece of cork by the points of the threaded needles. Then it is trimmed to proper shape, and carried on the cork to the eye, and two of the threads run from the piece into their places in the patient's eye. Then taking out the needles from the cork, their threads are drawn through the piece, which is pulled into its place and laid out smoothly. He applies the piece to both the ocular and palpebral surfaces, and to make the cul de sac the stitches are drawn through the lid and tied over a bit of stick on its outer surface. Dr. Noyes has in no instance met with entire failure, while the degrees of benefit have been various.

Condensing Otitis of the Mastoid Process.

Under this title Dr. A. H. Buck describes a condition otherwise known as hyperostosis or sclerosis of the mastoid process, and

which is sometimes mistaken for suppuration or caries. It is apt to be complicated, and is difficult of recognition clinically, but may be distinguished by—

1. The persistence of pain, despite an adequate outlet for pus in the middle ear, or in the absence of acute inflammation in the middle ear.
2. External signs of redness, swelling, and tenderness, and especially actual enlargement of the mastoid.
3. History of previous chronic purulent inflammation of the middle ear.

The treatment is simple, consisting of subcutaneous drilling of the bone.

Cysto-Abdominaltraphy.

Dr. Alex. W. Stein records eight experiments on dogs, to test the practicability of this operation, and thinks the results show it to be a feasible one. In all the cases the bladder wound was brought into apposition, and in union with the abdominal wound, and firm adhesions formed between the bladder and abdominal wall. All the cases did well, healing occurring by first intention in three.

Treatment of Inveterate Pannus by Liquorice Bean or Jeguirity.

Dr. Emil Gruener reports two successful cases. The infusion of the bean was applied to the inner surface of the lids three times a day, and compresses moistened with the infusion kept over the eyes day and night for five days. Brisk inflammation resulted, and on the tenth day the patients were discharged with the surfaces of the lids smooth and shining, while the vascular injection and infiltration of the cornea had completely disappeared.

Equine Scarlatinal Virus as a Prophylactic against Human Scarlatina.

Dr. J. W. Stickler records twelve cases in which he "vaccinated" children with virus obtained from the nasal mucus of a horse affected with equine scarlatina. In 24 hours a punctate redness appeared at the site of the puncture. By the third day this red eruption covered a space as large as the palm of the hand, and on drawing a blunt scissors across it a white line was left, lasting about a minute. The redness disappeared on the sixth day, and was followed by desquamation. Subsequently human scarlatinal blood was subcutaneously injected without effect, locally or constitutionally.

Treatment of Ovaritis.

Dr. Horatio R. Bigelow knows none of the diseases peculiar to women so unsatisfactory in its treatment, or so hopeless to the patient as is ovaritis. Specialists are apt to relegate the seat of the disease to the uterus, with the result "that misplaced uteri are supported with pessaries, lacerations are sewn up, vegetations removed with the curette, cervixes depleted, and tonics given, but the patient finds no surcease from her suffering." Dr. Bigelow "does not believe the cause of the distressing symptoms is ever found in the uterus, however misplaced it may be, or in however great a degree its mucous membrane has degenerated; nor can good results possibly obtain, if the secondary conditions are allowed to obscure the primary." Pessaries are only exceptionally beneficial. After trying many methods of treatment without avail, he finds that rectal suppositories of *iodoform* gr. $\frac{1}{4}$ combined with a small quantity of alcoholic extract of *belladonna* have given better results than anything else, combined with rigid attention to proper hygienic and dietetic rules, such as absolute rest, abstinence from sexual excitement, full diet, with electricity and massage.

Phosphatic Incrustation of Urethra after Lithotomy.

Dr. S. S. Kahn reports a case in which twenty days after operation the patient was seized with retention of urine, and all along the urethra hard nodules could be felt, preventing the passage of a catheter. An instrument was then passed through a fistulous opening in the perineum, and the bladder washed out with a one per cent. solution of *boro-citrate of magnesia*, which was also given internally in tea-spoonful doses every hour. Eight hours afterwards the child passed a quantity of softened calculous matter through the urethra; the nodules disappeared, and the flow of urine was comparatively easy, although still attended with pain. During the next night he passed some more calculous material. The treatment was continued for some time, but the patient has now had no recurrence for eight months.

Professor Mundé considers there are many cases of *non-puerperal uterine hæmorrhage*, slight in amount yet very distressing to the patient, the causes of which are apt to be overlooked, unless a thorough vaginal examination is made, including the use of the speculum. These causes may be: 1. A trifling non-puerperal erosion of the cervix. 2. A laceration of the cervix, unhealed or

temporarily healed. 3. Chronic sub-involution. 4. Retention of blood from a flexion or a pin-hole external os. In laceration of the cervix he believes a permanent cure is to be obtained only by trachelorrhaphy.

Dr. D. B. St. John Roosa calls attention to the possible dangers from the injudicious use of quinine. Experiments made by himself and Dr. W. A. Hammond showed that sulphate of quinine in 10 to 15 grain doses caused vascular injection of the auricle, auditory canal, drum-head, conjunctiva, and possibly the optic papilla. Subsequent clinical investigations have shown that inflammations of the retina, or of the middle or internal ear not uncommonly follow the administration of large doses of quinine. The practice of taking large doses of quinine to check common colds is becoming very common, even with the laity, but Dr. Roosa thinks it is very reprehensible, being liable to cause extension of the disease to the ear. He strongly objects to the use of quinine in pyæmia, as its action is to lock up the emunctories. "In malarial affections we are justified in taking the risk of injury to the organs of sight or hearing which may be involved."

Electricity seems a most successful method of treatment for extra-uterine pregnancy, as used by Dr. A. D. Rockwell, who has had seven cases, and in every one was successful in destroying the life of the fœtus, which was either absorbed or subsequently expelled. There seems to be no doubt as to the accuracy of the diagnosis, as all the cases were seen in consultation with such men as T. G. Thomas, Emmet, and Marion Sims. No unpleasant effects were experienced, but he would give a word of caution in the performance of the operation, viz., the possible danger, in cases well advanced, of rupturing the sac by too powerful or injudicious applications. He prefers the galvanic current, using a strength varying from 16 to 24 volts.

Dr. E. S. Post has noted a *pulse in the veins* in certain conditions, the sphygmographic tracings of which are an exact counterpart of the arterial pulse, a slow ascent and a quick descent. It is most marked when there is an increased fulness in the veins, with arterial relaxation, such as occurs in valvular disease, with insufficiency, pericardial effusion, obstructions to the pulmonary circulation, &c. He says its recognition is not difficult in appropriate cases. "Having obtained the radial at the wrist, move the instrument half to one centimetre to the outer side of the arm, remit half the pressure, and if the venous pulse be present its tracing will appear."

Professor Leon Le Fort of the Hôtel Dieu, Paris, reports a successful case of *Laparotomy* for acute intestinal obstruction of seven days duration, performed when patient seemed almost moribund, and *without antiseptic precautions*.

A case of *endocarditis of the right side* of the heart occurring in a *fetus* is reported by Dr. Josef Kucher. The three cusps of the tricuspid had coalesced and become sclerosed. All the other valves were healthy.

The occurrence of Tubercles in which the Bacillus of Koch is not demonstrable.—Dr. J. Mitchell Prudden records several cases presenting the usual anatomical criteria of tubercle, in which on microscopic examination he could not find a single bacillus, although in one case he made as many as 909 sections, and used Ziehl's method of staining to corroborate Ehrlich's. The cases were such as from their history and macroscopic examination would be expected to furnish perfect examples of Koch's theory according to the popular conception. Dr. Prudden, however, thinks the popular conception not quite correct. "For Koch the criterion of a genuine tubercle lies in its infectious nature, not in its anatomical character," and, as far as he is aware, "Koch nowhere states, nor does the establishment of his hypothesis demand, that the bacilli should be bodily present in every tubercle.

Aluminium in Phthisis.—Dr. Julius Pick states that aluminium is a most active destroyer of the tubercle bacillus, and can therefore be rationally given as a remedy in the early stages of phthisis. He combines it with carbonate of lime to aid in the cretification of the tubercle!

Arsenite of Bromine in Diabetes.—Dr. R. H. Gilliford states that he has succeeded in producing a new salt, arsenite of bromine, by the union of bromine and arsenious acid. This has been prescribed with some success in diabetes, four cases being reported, all of which were improved, and one is said to be cured.

Radical Cure of Hernia.—Dr. R. A. Vance brings together the two lips of the hernial opening by means of deep-seated sutures passed sub-cutaneously with a semi-circular needle.

Spina Bifida.—Dr. R. T. Hayes reports a case successfully treated according to the method recommended by Robson of Leeds, viz., the application of fresh periosteal grafts from a rabbit to the surface of the membranes, after the superfluous portion of these has been removed.

Treatment of Synovial Disease.—Dr. H. A. Martin advocates the withdrawal of the synovial fluid by aspiration, and the application of the rubber bandage.

Curability of Chronic Uterine Catarrh.—Dr. Paul F. Mundé does not coincide in the general opinion that this disease is practically incurable, but has found that many cases, intractable to mild applications, will in a certain proportion get well under heroic, active, and persistent treatment. He advises—First, the enlargement of the external os by a crucial incision, and the removal of the four flaps of mucous membrane thus formed; next he thoroughly destroys all the cervical glands with a sharp curette and the application of fuming nitric acid. If the os be lacerated he performs Emmett's operation. He also uses constitutional measures, and treats the concomitant vaginal leucorrhœa with hot injections and painting with equal parts of the fluid extract of *Hydrastis Canadensis* and glycerine.

Operating to determine Sex.—A pseudo-hermaphrodite, æt. 22, had been brought up as a female. The face and chest were masculine; the breasts enlarged; the pelvis and lower limbs were like a woman's; the mons veneris was slightly developed. There was a vulva, well-developed clitoris, labia, short vagina, no penis, no prostate, no uterus. Near the inguinal region two round bodies could be felt, giving pain on pressure. The question was, were they ovaries or testicles? Prof. Porro cut down and found that the body was a testicle, with epididymis and cord attached. The patient was accordingly pronounced a man.

The *sudden heart failure* which sometimes occurs in *acute infectious diseases*, and especially in typhoid fever, may be due, thinks Dr. Beverley Robinson, "to a sudden and considerable dilatation of the cardiac cavities, especially of the right side." "Under these circumstances coagula may form, with fatal results; or, if the heart be immediately and strongly stimulated, the imminent stage may be tided over, and only incomplete failure occurs." The therapeutic indications are simple, viz.: Avoidance of all unnecessary fatigue during the whole duration of even mild cases. Patients should not be allowed to make the slightest exertion that can be avoided by judicious nursing. Cardiac tonics should be employed in moderate doses from a relatively early stage of the disease. Black coffee is a very valuable agent in this respect, and should be given with liquid nutriment in very concentrated forms.

G. A. S.

BRITISH MEDICAL JOURNALS.

Cerebral Dyspepsia, by John S. Main, M.D.—The author strongly insists on the purely cerebral origin of many forms of dyspepsia, where the patient is neither over-indulgent, nor intemperate, nor addicted to hurrying over meals, nor accustomed to eat coarse or unwholesome food. The cerebral form of dyspepsia is well seen, in many cases, where a healthy man, with a good appetite, suddenly receives bad news when sitting down to a meal. "But, perhaps, of all conditions acting on the brain in this manner, and through the brain on the stomach, no one is more injurious, or more jarring to the cerebral elements, than uncertainty, and the worry caused by the same, more particularly in preternaturally irritable subjects. In fact, it is in connection with this same worry that the form of dyspepsia I have at present under consideration most frequently occurs. The mind in such cases preys upon itself; the cerebral elements seem to get jarred and out of gear: and with this condition the stomach sympathises. But, in addition to worry, the habitual practice of calling into action the 'reserve fund' of the cerebrum, as already mentioned, will bring about the same consequences—namely, cerebral fatigue and exhaustion, indicated chiefly by preternatural irritability, this condition sooner or later telling upon the digestive organs. Having said this, it is almost unnecessary to add that such cases are most commonly met with amongst those who are engaged in the hottest part of the 'battle of life,' or 'struggle for existence'; and, again, amongst these, chiefly those whose business or profession leads to much anxiety, uncertainty, or over-stretching of the mental powers. In over-aspiring, over-ambitious natures 'hope deferred' may bring about the same results; as, according to the biblical expression 'it maketh the heart sick.' My attention was drawn to several cases of dyspepsia connected with one or other of these conditions, some time ago; and what made me more strong in my view of these cases being cerebral, and not stomachic at all in their origin, was their obstinacy under all forms of natural treatment. Latterly I have found that the only treatment capable of doing these cases any permanent good, is a change, in the wide sense of the term—a relaxation from business or study; and as regards medicines, not such as are meant to act on the stomach directly, but those meant to act on the cerebrum. Amongst these, I have found the most useful to

be the bromide of ammonium, or bromide of potassium—preferably the former—given in a sufficient dose at bedtime to secure a good night's sleep, this being often very indifferent, and so tending to complicate the case; and combined with this, to be taken three or four times during the day, such medicines as are known to have a building up effect on the nervous system. Amongst these, the most useful are phosphorus, or the hypophosphites, and cod-liver oil. Arsenic and quinine are often also useful, and a generous diet is always indicated. Unless the stomach has passed into a state of disease (which it may do, if overtaken when in this weakened state), any of these medicines are generally well borne. It will be well to bear in mind, however, that if the mucous membrane of the stomach be in a state of irritation, quinine, arsenic, phosphorus, the hypophosphites, and sometimes even cod-liver oil, are generally inadmissible."

BIRTH.

FLEETWOOD.—On the 14th inst., at Warrnambool, the wife of T. F. Fleetwood, F.R.C.S.I., of a daughter.

MARRIAGES.

CLARKE—GRANT.—On the 20th ult., at St. Saviour's, by the Rev. C. M. Yelland, by special licence, Geo. P. Clarke, second son of Jas. L. Clarke, F.R.C.S.E., surgeon Royal Navy, to Christina Grant, only daughter of John Grant, farmer, Griffith's Point.

RYAN—SUMNER.—On the 5th inst., at Christ Church, Brunswick, by the Rev. Dr. Bromby, assisted by the Rev. C. P. M. Bardin, Dr. Charles S. Ryan, second son of Charles Ryan, of Darriweit, Mount Macedon, to Alice Elfrida, second daughter of T. J. Sumner, of Stony-park, Brunswick.

RYAN—M'GIVERN.—On the 18th of April, at St. Ignatius' Church, Richmond, by Rev. J. Mulhall, M. J. Ryan, M.B. et Ch.B., to Maggie, third daughter of Michael M'Givern, Esq., of Abbotsford-street, Abbotsford.

VIRGOE—TELFORD.—On the 11th inst., at Thule, Elwood, by the Rev. J. Hay, Robert Benjamin Ayres, second son of W. R. Virgoe, Esq., of this city, to Jean Bisset, second daughter of the late James Campbell Telford, M.D., of Cobran, Deniliquin, N.S.W., also of Airdrie, Scotland.

DEATHS.

BARKER.—On the 2nd inst., at the residence of his father, 68 Latrobe-street east, Alexander Soot Barker, L.F.P.S., Glasgow, in the 36th year of his age.

HUGHES.—On the 13th inst., at Bemerton-cottage, Henry-street, Hawthorn, Richard Hughes, son of Dr. Hughes, Llanrwst, North Wales, England, aged 29 years.

THE
Australian Medical Journal

AUGUST 15, 1883.

Original Articles.

**ABSORPTION OF PUS FORMED DURING
PUERPERAL PERITONITIS.**

By W. V. JAKINS, L.R.C.P., L.M. Edin., Fell. Obst. Soc. Lond.

Three years ago I was sent for into the country to see a tall, thin, middle-aged woman suffering from puerperal peritonitis, after her ninth confinement.

Ten days before I saw her, a midwife had delivered her of a seven months' living child ; as the discharge seemed profuse, she arrested it completely by applying cold cloths steeped in vinegar. As was the patient's habit, vomiting set in as usual directly after her confinement, lasting for seven days, this time complicated with peritonitis. When I was called to her, I found her most excellently nursed ; turpentine fomentations had been used continuously, with the effect of removing abdominal pain and diminishing swelling ; on examining the abdomen, there was much tenderness on pressure, and inflammatory effusion was readily felt among the intestines ; this was most marked some days afterwards, when the swelling was less ; from the surface of the abdomen pus was slowly exuding in all directions, yet, as there was no pain, I ordered the turpentine fomentations to be continued. The vomiting was almost gone, but the nausea was distressing ; these gave way to belladonna and ipecacuanha. Hectic fever occurred regularly at 2 a.m. and 2 p.m. At my second visit, two days afterwards, the nausea and vomiting were replaced by colliquative diarrhoea, which yielded to sulphuric acid and paregoric ; her diet of milk and water equal parts, and externally hot bran pads above and under the pelvis, were continued. In two days, at my next visit, I found the lochia had returned, that there was a swelling beginning at the right saphenous opening, probably from pus coming down from the abdomen through the canal ; this was ordered to be painted with iodine liniment, short of blistering, to be covered with a linen rag, and then hot linseed-meal poultices night and day. Two days afterwards I gave her three drops of the

essential oil of eucalyptus globulus every four hours, all local applications to be continued. Four days after this, her body was covered with a very fine papular eruption, lasting for three days. In another week, for her night sweats, I gave quinine and sulphuric acid, of which she was so much better on the third day that I replaced it with perchloride of iron. Eight days afterwards there was a marked weakness in the right radial pulse; for fear of embolism, I changed the iron for aromatic spirits of ammonia, a teaspoonful every four hours; in two days I had to give it every quarter of an hour, and then the pulse and shortness of breathing soon became normal.

The saphenous swelling had increased to the size of a cocoa-nut, with distinct fluctuation on palpation; with the iodine and poultices locally, and the eucalyptus oil internally, it slowly disappeared. As this swelling in the saphenous region increased, the general fulness of the abdomen decreased; doubtless the suppuration of the abdominal wall also acted as a powerful derivative. Emaciated as she became, she was fortunate in getting but one small bed sore, which soon yielded to treatment. Her diet from milk and water was gradually changed to pure milk, to which eggs, even six a day, were added. Her stools were good all through, and the kidneys acted freely. On the ninety-second day she was sufficiently recovered for me to leave her.

Within fifteen months she had another confinement, and managed to deliver herself at eleven in the morning. As she was unable to remove the placenta, I was sent for, and took it away from the vagina at ten minutes past five; she made a good recovery, and saw me some time afterwards. Her husband, some months before her confinement, was nearly killed by a kick from a horse in his abdomen. Her child was born alive at full term, and had been screaming incessantly. After giving it chloroform, I found the following deformities: a double hare lip and cleft palate, the whole premaxillary bone standing up like a horn, deficiency of bone from the root of the nose to the lower part of the occipital bone along the middle line. Spoon nourishment could be alone administered, and the child gradually sank about the sixth month.

1st August, 1883.

A SOMEWHAT UNUSUAL CASE OF TWIN PREGNANCY.

By WM. BUTLER WALSH, M.D., F.R.C.S.I.

Mrs. H., aged 19, consulted me at my house on the morning of October 12th 1882, with reference to an enlargement of the abdomen. She had been confined on the 13th of the previous September, when she was delivered of a male child. The midwife who then attended her told her that she was rather "high stomached," but beyond this did not notice anything remarkable. She got up at the usual time and nursed her child well, and all this time had not the slightest suspicion that there was another infant "in utero." Just 29 days from the birth of the first child she came to my house. The enlargement, which hitherto had given her no trouble, had now become exceedingly painful, and she was therefore convinced that she must have a tumour of some kind. On examination I found the os uteri completely dilated, with a foetal head presenting. Having explained the situation I advised Mrs. H. to go home as quickly as possible. Her friends received my diagnosis rather sceptically, and said they would send for me, "if they wanted me." Fortunately I was in their neighbourhood the same afternoon, when I was hurriedly sent for. On my arrival I found she had just been delivered of a fine male child. There was considerable post-partum hæmorrhage, but this ceased soon after my arrival. I saw the mother and the two infants not long ago, and they were all in excellent health. The most remarkable feature in this case is that the woman nursed the first child for almost a whole month, without a suspicion that she was still pregnant.

It may also be worth mentioning that both father and mother were only 19 years of age when the children were born.

Kew, 1st September, 1883.

Medical Society of Victoria.

ORDINARY MONTHLY MEETING.

WEDNESDAY, AUGUST 1ST, 1883.

(Hall of the Society, 8 p.m.)

Present: Dr. Williams, Dr. Allen, Dr. A. J. R. Lewellin, Dr. Webb, Dr. Brett, Dr. Willis, Dr. F. J. Owen, Dr. G. A. Syme, Dr. Turner, Dr. McInerney, Dr. Jamieson, Dr. Neild, Dr. E. M. James, Dr. Girdlestone, Dr. W. Barker, Dr. Nickoll, Dr. J. W. Barrett.

The President, Dr. James, occupied the chair.

The minutes of the preceding meeting were read and confirmed. Dr. J. W. Barrett gave notice of motion to amend the rules relating to the election of office-bearers of the Society, but, after discussion, he withdrew his notice for the time being.

The Hon. Secretary then read the following paper:

CASE OF POISONING BY SULPHATE OF ZINC.

By O. PENFOLD, M.R.C.S.

Consulting Medical Officer, Bendigo Hospital.

Cases of poisoning by this salt are infrequent, nor are the symptoms produced very familiar.

The present case was the subject of a coroner's inquiry at Sandhurst lately, and arose from a sudden death being reported to the police. I was requested to make a post mortem examination, and on opening the abdomen I discovered a pregnant uterus containing a fetus of about seven months' gestation; and as the subject of the investigation was a single woman of about twenty-one years of age, this at once changed the aspect of affairs. Further search elicited that the mesentery was coppery red. The stomach contained half a teacupful of semi-fluid pasty yellowish material like thick pea-soup, its inner surface being greatly congested, patchy, and of brown-black colour, with normal-looking white mucous membrane between the patches. Congestion everywhere: brain, lungs, heart, liver, kidneys, spleen. The lungs were dryish on section, small, firmly fixed to walls by strong old fibrous bands. Right breast full; left empty. An unruptured, strongly encapsuled hydatid cyst in upper right lobe of liver.

She was a fat, large-framed girl. There was hypostatic congestion behind, and the upper part of the thighs were livid. White froth about the mouth. Teeth clenched, with the tongue projecting between the teeth slightly; the protruded part, as well as what could be seen of the lips and inside of mouth being particularly blanched, and the papillæ prominent. The body was still warm, the examination being about twelve hours after death. The vagina was blanched, and did not show any mechanical attempts to procure abortion.

Witnesses proved that she went to be measured for an ulster, presumably to help to conceal her condition, at the house of a hotel-keeper whose wife was a retired nurse, but had not practised for two or three years, the dressmaker being the daughter of the old nurse. She partook of a glass of port wine there, and did not create any suspicions in the mind of the nurse. The girl walked home, distant about twenty minutes walking, and within a few minutes of her arrival she drank a cup of tea and went to bed. Shortly afterwards her own mother got into the same bed, and the two fell asleep. The old woman knew nothing until she was awoke by the girl's groans and screams about two a.m., or three-and-a-half hours after getting to bed. She endeavoured to pacify her, but failed, and soon was obliged to get up for a drink of water for her, and having obtained it, found the girl out of bed sitting on the chamber vessel, and in a minute or two she died.

The yellowish semi-fluid substance was declared by Mr. Johnson, Government analytical chemist, to be sulphate of zinc, and a packet of that article, properly labelled, was found in an earthen vessel not concealed in any way. The vending chemist deposed that the salt had been kept in that paper six months at least. No clue could be obtained as to how or when she took the posion, or what quantity she swallowed. The coroner thought the girl had taken it on the advice of an ignorant person, in the hope of getting rid of the fœtus she was carrying. The mother, who was aware of her daughter's condition, prescribed Epsom salts and an infinitesimal quantity of saltpetre to "bring on the courses," and several doses were taken without producing the desired effect. No evidence of purging or vomiting could be obtained, though doubtless one or both occurred. The jury returned a verdict of poisoning by sulphate of zinc, in accordance with my evidence.

Dr. J. W. BARRETT said that, up to March 1877, fourteen cases of poisoning by sulphate of zinc were on record, of which six proved fatal. The poisonous dose was set down as about an ounce; but a drachm and a half had sufficed to cause death. At the Melbourne Hospital, in the casualty department, the usual dose as an emetic was a drachm, sometimes even two drachms being given. He would ask if there was any risk in giving such a dose?

Dr. NEILD had no personal experience in poisoning by sulphate of zinc, but used it very frequently as an emetic; for this purpose he found 30 grs. or 2 scr. sufficient. Among recorded cases, some of the worst were those in which no vomiting occurred, the drug acting as an irritant poison, and death following from collapse. The fatal dose was not determined; small doses have proved lethal, while even an ounce might simply cause free vomiting with no further results. The present case was interesting, especially in relation to the pregnant condition. There was no record of vomiting, and the post-mortem appearances were not quite sufficiently detailed. No effect on the uterus was noted, and the whole case was very obscure and required further explanation.

Dr. ALLEN also referred to the case as one of great interest; the woman was in the seventh month of her pregnancy, and died from irritant poisoning, the uterus and its contents remaining apparently undisturbed. The thanks of the Society were due to Dr. Penfold for recording so valuable a case.

Dr. WILLIAMS said that if sulphate of zinc was liable to produce poisoning in this way, it was high time that some better emetic should be used.—apomorphia, for example, was very reliable, and led to no ill effects. As to the practice at the Melbourne Hospital, he could only say that if Dr. Barrett's statements were correct, the dose had decidedly increased since he himself was resident medical officer.

Dr. SYME said he had tried apomorphia repeatedly, but never with any success; perhaps the failure was owing to faultiness of the solution used.

Dr. BRETT stated that failure never occurred when the discs of Savory and Moore were employed. The vomiting which resulted was quite painless—a simple regurgitation from the stomach. As to the influence of drugs over the pregnant uterus, he had seen a case in which abortion was threatening, apparently through the administration of large doses of quinine.

Dr. JAMIESON remarked that the large doses of quinine were generally given in conditions which of themselves might produce abortion.

Dr. J. W. BARRETT then exhibited the picric acid tests for albumen and sugar in urine, concerning which he furnishes the following notes :—

ILLUSTRATIONS OF THE PICRIC ACID TEST FOR ALBUMEN AND SUGAR IN THE URINE.

By DR. JAMES W. BARRETT.

To this test great prominence has been given by Dr. G. Johnson, whose description of its application appeared in the *Medical Times and Gazette* (March 24th, 1883).

The detection of albumen as illustrated is effected in the following manner :—A test tube is filled with the suspected urine to within one or two inches of the top, and a saturated solution of picric acid is then gently poured on to the urine. The solution, having a specific gravity of 1,003, floats on the urine, and at the line of contact between the two fluids an opalescence occurs from the coagulation of albumen, if it be present even in most minute quantity.

The detection of sugar is accomplished as follows :—Of a specimen of (prepared) urine, of which 1,000 cc. (cubic centimetres) contain 1 gramme—that is, .1 per cent. of sugar—5 cc., which contain 0.05 grammes, are placed in a test tube, and mixed with 2.5 cc. of liquor potassæ (B.P.), and 1 cub. cent. of the saturated solution of picric acid. The fluid in the test tube has now a yellow colour. Boil it for 60 seconds, when the yellow colour of the picric acid will change to a deep red, owing to its reduction to the state of picramic acid, brought about by the liquor potassæ and sugar. After cooling, place the red fluid in one of two equally graduated glasses, and dilute it with distilled water to a bulk of 50 cc. The red colour resulting after dilution therefore represents a urine containing .1 per cent. of sugar.

This solution is called the standard solution, and is used as a standard of comparison. But as it keeps very badly, it is replaced for permanent use by a solution of ferric acetate, with which its colour can be accurately imitated.

Now take another specimen of urine containing 2 grammes of sugar per 1,000 cc., or .2 per cent., and heat 5 cc. in the same

manner. After boiling, place the red solution resulting in the other graduated tube, and dilute to 50 cc. The colour thus produced will be much darker than the other, but on dilution to 100 cc. they become equal. Thus the colour produced by the treatment of urine containing .1 per cent., is only half as deep as that produced by a urine containing .2 per cent. of sugar. This relation holds invariably; so that in order to estimate the quantity of sugar contained in any urine, it is simply necessary to treat 5 cc. of the urine in the manner described, and dilute it in a graduated tube till the colour produced equals that of the standard solution. Then measure off the number of divisions, and get the result. Thus if the diluted fluid measured 150 cc. there would be three times as much sugar in the urine examined as in the standard, or .3 per cent. If it measured 250 cc., five times as much sugar, or .5 p. c. and so on. There are, however, equivalent quantities of sugar and picric acid, and it is necessary to make a preliminary rough test with the suspected urine, boiling it with picric acid and liquor potass., and if from the dark colour resulting it seems that very much sugar is present, then the urine should be diluted very greatly before testing, so as to be certain that the picric acid shall be in relative excess of the sugar. The result must of course be multiplied by the number of dilutions. Normal urine contains .125 per cent. of sugar, which must be allowed for. Dr. Barrett expressed his indebtedness to Mr. J. B. Kirkland, of the physiological laboratory of the Melbourne University, who had assisted him in preparing the apparatus with which he illustrated the application of this test.

EXHIBITS BY DR. ALLEN.

Dr. ALLEN then exhibited the following specimens, of which he has furnished the accompanying histories and descriptions:

I. Stomach after Poisoning by Hydrochloric Acid.

The inner surface of the œsophagus is opaque white above, deep purple below. At the cardiac orifice of the stomach, streaks of actual charring commence, and soon pass into a broad area, uniformly black and swollen, which occupies all the central region of the stomach, from the greater curvature upwards, both in front and behind, almost as far as the lesser curvature. The great *cul-de-sac* is but little affected. The mucous membrane at the pyloric end is swollen, angry red, and granular. The inner surface of the duodenum is also red and swollen.

This specimen was obtained from A. D., a woman aged 27, who was admitted into the Melbourne Hospital under the care of Dr. Robertson, on 20th July, at 2.30 p.m. She said she had taken spirits of salt. There was pain along the œsophagus and over the stomach. Deglutition was difficult and painful; respiration embarrassed; pulse small and feeble. The lower lip was swollen, its inner surface whitened, and the mucous membrane peeling easily. Tongue greatly swollen and white. Death ensued seven hours and a quarter after admission.

II.—Stenosis and Calcification of Mitral Valve—Vegetation on one Segment of Aortic Valve—Ulceration of Rectum.

The segments of the mitral valve towards their left extremities are greatly thickened and very rigid, and densely infiltrated with calcareous salts. On the auricular aspect of the anterior segment is a large ragged, excavated ulcer, over half an inch in length from above downwards, its surface being rendered granular with tags of fibrin. The right extremities of both segments, *i.e.*, the ends next the aortic orifice, are comparatively thin; the chordæ tendinæ thickened and shortened; the left auricle greatly dilated. There is a small button-shaped vegetation growing from the nodule of Arantius of the right posterior segment of the aortic valve. The left ventricle is not much hypertrophied or dilated, but its endocardium is opaque. The right cavities are dilated, the tricuspid orifice admitting six fingers; the anterior segment of the valve being decidedly thickened. The aorta is healthy, except for some slight atheroma close to the valves. There are patches of calcification along the coronary arteries.

The rectum of the same patient is also shown; its coats are all much thickened; its inner surface is covered with abrasions, pits, ulcers, distended follicles, and pigmented patches. The denudation of the surface has left the vessels comparatively unsupported, and hence have arisen great numbers of hæmorrhoidal elevations, highly vascular, of deep purple or reddish colour.

At the autopsy the liver was found tough and nutmeg; the kidneys small and fibroid; the lungs consolidated in patches; ascites, and œdema of the feet. No history could be obtained.

III.—Mitral Stenosis with Calcification.

Here again there is great thickening and rigidity of the mitral valve; the surfaces of the segments are rough and uneven through the presence of large nodules of calcareous matter, some of which

on the auricular aspect are almost completely denuded. The orifice of the valve is long and narrow, being converted into an uneven fissure, which admitted only the tip of the thumb. The muscoli papillares are lengthened; the chordæ tendinæ short and very thick. The left auricle is dilated and hypertrophied. The right auricle also much dilated. Both ventricles are greatly dilated and hypertrophied. The aortic valves normal. The aorta itself studded with patches of atheroma.

Here again, unfortunately, no history was obtained; but these two hearts illustrate two forms of mitral stenosis, one with little change in the left ventricle, the other attended with marked dilatation and hypertrophy.

IV.—*Tubercular Ulcers of Ileum.*

One of the specimens now shown displays three Peyer's patches occupied by typical tubercular ulcers; the direction of the ulcers distinctly transverse; the edges irregular, indented, swollen and granular; the bases opaque, grey, granular, and studded with minute pits; the peritoneal and sub-peritoneal tissues opposite densely infiltrated with grey miliary granules, with lines of similar granules spreading along the lacteals to the mesentery.

The second specimen shows a single ulcer which closely resembles those already described both as regards the characteristics of its edge and base, and in the wide growth of sub-peritoneal tubercle opposite it. But it is as distinctly longitudinal as the others are transverse; it seems to have had no tendency whatever to spread laterally from the Peyer's patch which it occupies.

The patient Margaret M., æt. 32, was admitted under the care of Dr. Fulton, on July 16, in an unconscious state and died the next morning. The principal lesions noted at the autopsy were granular kidneys, hypertrophied dilated heart, empyema on the right side, and hepatisation of the right lung; but the lungs were free from tubercle, and there were no signs of any wasting of the body. Apart from the distinctly longitudinal disposition of the one ulcer, there was no evidence whatever of any old typhoid fever.

V.—*Two cases of Typhoid Fever.*

(a) *Large deep ulcers, with a small limited perforation.*—In this case the ulceration extended through eight feet of the ileum; below, near and on the valve, there were huge ulcers, with pale

smooth bases exposing the circular muscular fibres; the edges of the ulcers pale or slightly pigmented, partly free and undermined, partly bound down or shelving. The largest of these ulcers measured over an inch and three quarters in length, and an inch and a quarter in breadth; in the middle of its floor was a small oval excavation of greater depth, with central complete perforation; but the peritoneum all around was firmly glued to the omentum and to the adjacent coils of intestine, so as effectually to prevent extravasation. Many of the ulcers tended to spread transversely, but their bases remained pale and thin, and there was no trace of tubercle in the sub-peritoneal tissue. Higher up in the intestine the ulcers were smaller, but still deep, with smooth pale bases and thin free edges.

Dr. MOORE has furnished the following history of the case:—

H. E., æt. 29, was admitted on the 15th of June, 1883, under the care of Dr. Robertson. He arrived at the hospital at 2 a.m., having taken four hours to walk from Moonee Ponds, a distance of four miles.

He had been ill for three weeks with headache, pains in the legs, thirst, loss of appetite, and diarrhœa. He also had had a slight cough, with very little expectoration. He was very stout and flabby; his expression was dull and heavy; face and conjunctivæ injected; capillaries of face well marked; his speech was slow and hesitating, his hearing bad. He complained of pain across the lower part of the abdomen. His temperature was 100·4°; pulse 108; respirations 18; tongue dry and glazed. The lung sounds were normal; the heart sounds feeble. There were no spots about the abdomen or chest. He complained of pain and tenderness in the right iliac fossa, and in the left hypochondriac region. During the night of the 18th he was delirious. The diarrhœa was very obstinate; the skin acting freely, the abdomen distended and tympanitic.

On the 28th, the diarrhœa was a little better; the delirium continued through day and night; the cardiac action was very feeble. There was slight dulness with muffled breathing over the base of the right lung. The diarrhœa soon re-appeared, and was very intractable to the end; the lung symptoms became worse, dulness becoming more marked on the right side, and appearing on the left also; moist sounds were audible over both bases. The delirium was constant, low and muttering, at times more

violent. There was fulness of the abdomen with tympany, more marked in the right iliac fossa, where also there was tenderness. On the 6th of July, he had a slight hæmorrhage from the bowel; and on the same day there appeared on the face and forehead blotches of dusky red colour, of irregular shape, from $1\frac{1}{2}$ to 2 inches in diameter. The colour disappeared on pressure, but returned immediately the pressure was removed. These blotches remained for several days. Deafness continued to be very marked. On the 14th, there appeared a purulent discharge from the ears. He became gradually weaker, and died on the 19th.

The following table contains the daily records of temperature, pulse, and respirations:

TABLE OF TEMPERATURES, ETC.

1883.	Morning.	Evening.	Pulse.	Respirations.
June 15	100·4°	102·5°	108	18
„ 16	101·4	103·8	102	20
„ 17	101·2	104·0	90	24
„ 18	100·4	102·6	96	..
„ 19	102·2	103·4	90	..
„ 20	100·0	102·0	90	..
„ 21	99·4	102·0	78	..
„ 22	98·4	102·6	..	..
„ 23	100·8	102·4	..	..
„ 24	100·0	102·8	88	..
„ 25	102·4	104·0	90	..
„ 26	102·8	103·0	..	..
„ 27	100·0	100·8	..	..
„ 28	100·0	104·0	102	..
„ 29	99·8	103·6	108	80
„ 30	101·0	102·6	104	..
July 1	101·6	101·0	108	40
„ 2	102·2	100·0	120	80
„ 3	103·2	101·0	120	42
„ 4	99·0	102·8	124	28
„ 5	100·4	103·6	126	48
„ 6	99·4	102·4	126	42
„ 7	101·6	102·8	115	36
„ 8	101·4	102·0	124	30
„ 9	99·0	100·4	114	42
„ 10	100·0	100·0	132	40
„ 11	100·4	100·0	120	42
„ 12	100·8	101·6	114	40
„ 13	100·4	101·0	108	42
„ 14	99·4	100·4	108	..
„ 15	99·4	102·0	120	42
„ 16	100·0	99·6	126	40
„ 17	100·8	99·4	108	40
„ 18	101·4	103·4	138	36
„ 19	102·6	died	138	60

At the autopsy all the cavities of the heart were found dilated and full of dark clot, the mitral orifice admitting four fingers, the tricuspid six. Weight of heart $13\frac{1}{2}$ ounces. Aorta atheromatous.

The lungs were emphysematous in part, with great engorgement and friability of the dependent parts; the bronchial tubes contained muco-pus. The pulmonary pleuræ were dotted with patches of intense congestion, passing about an inch into the lung-tissue beneath. The liver was fatty and friable, weighing 92 ounces. The spleen turgid and soft, weighing 16 ounces. The kidneys weighed $16\frac{1}{4}$ ounces; their capsules peeled easily; surface smooth, with well-marked stellate veins; small cyst on surface of right kidney; cortex broad, opaque, and streaky; substance moderately firm.

(b) *Typhoid Fever — Extensive Ulceration — Enteritis.*—Here are seen two long pieces of the ileum, including the valves. The inner surface is thickly studded with ulcers, the larger ones lying along the free border of the intestine, the smaller ones scattered irregularly around its calibre. The larger ulcers are in most cases longitudinal, but some tend to become transverse. The edges of the ulcers are free, but moderately thick; the bases even in the small ulcers are deeply excavated, in the larger ones penetrating almost to the sub-peritoneal coat, the peritoneum opposite being in a few instances coated with a slight film of fibrinous exudation. The surfaces of the ulcers are mostly smooth, but sometimes dotted with little pieces of yellowish sloughy matter. But a marked feature of these specimens is the swollen, red, coarsely velvety condition of the mucous membrane between the ulcers. There is slight pitting of the solitary glands in the cæcum. The mesenteric glands are swollen, purplish, and friable.

Dr. Moore has furnished the following history, which largely explains the condition of the bowel :

E. M., a girl aged 17, was admitted under the care of Dr. Robertson, on June 8. About a month previously the patient noticed headache, pains about the body, and thirst. Her appetite was depraved, and she had a special liking for sausages, which she was allowed to eat freely. Diarrhœa had been troublesome.

On admission the temperature was high, the pulse frequent and feeble; breathing hurried; tongue moist and coated; bowels open :

skin acting. Her expression was dull and heavy, pupils dilated. She was deaf, and very slow in answering questions; she had slight cough and was delirious at night. Rhonchi were audible over both bases, and râles and rhonchi at right apex. There were no spots; there was fulness and tympany of abdomen, most marked in right iliac fossa, but there was no tenderness. During the next few days she had diarrhoea; her temperature was high, skin not acting, cough very troublesome, but there was no expectoration. On the 11th she had epistaxis, and on the 12th she vomited a quantity of yellowish-green fluid.

The chest symptoms now predominated; moist sounds completely obscured the breathing down to the 4th rib on the right side. There were also moist sounds and rhonchi over the bases of both lungs. Her face was frequently covered with cold clammy sweats on the 14th and 15th, and she died at 4.45 a.m. on the 16th.

DAILY RECORDS OF TEMPERATURE, ETC.

1883.	Morning.	Evening.	Pulse.	Respirations.
June 8	..	103.6	..	..
„ 9	102.8	104.6	138	..
„ 10	103.8	104.4	138	30
„ 11	102.8	104.6	138	48
„ 12	102.6	104.0	156	48
„ 13	102.4	103.0	162	50
„ 14	102.8	102.6	174	48
„ 15	102.0	103.0	..	66

Hospital Reports.

LYING-IN HOSPITAL.

Ovariectomy.—Recovery.

Under the care of Dr. ROWAN.

Reported by FELIX MEYER, M.B., Ch.B., Resident Surgeon.

A.B., 52, married, was admitted into this institution on the 4th November, 1882, with abdominal enlargement. She had been 25 years married without children, but had had a succession of miscarriages for four or five years after marriage, during which period she was more or less constantly under medical treatment by the late Dr. Tracey and others for uterine troubles. Eight years

ago the catamenia (previously regular) completely ceased, and this was followed by a very gradual painless swelling of the abdomen, beginning in the right iliac fossa. From this time up to date patient's health has steadily deteriorated, in spite of medical treatment.

On admission she had the appearance of a fairly-nourished woman, with an unhealthy sallowness of complexion. She was weak, had little appetite, and was troubled with an irritable bladder. The abdomen was enlarged to a girth of 48 inches at umbilicus, and 37 at the waist. Dulness uniform. Fluid wave distinct. Liver dulness continuous with general dulness, with a distinct boss below the lower border of the organ on the right side. In the left hypochondrium a distinct prominence, hard and irregular. Perfect definition of these tumors prevented by the large amount of ascitic fluid. No pain, except on pressure over the left hypochondrium. Abdominal and thoracic veins prominent. Urine albuminous, acid. Uterus atrophied. A trochar was inserted five inches below the umbilicus, and 14 pints of greenish-yellow ascitic fluid drawn off, diminishing the umbilical girth by eight inches. Hard boss-like risings now made out over liver and in the left iliac region. Discharged on the 14th, to go to her home in the country.

On her return to the hospital, on 6th January, 1883, she had again increased to 45 inches' girth at the umbilicus, but had gained strength. Two tapplings were made—four inches to the right of and on a level with the umbilicus, and three to four inches below the umbilicus, the former puncture giving a pint of thick yellow fluid, the latter $22\frac{1}{2}$ pints of dark yellowish brown oily fluid, showing under the microscope Drysdale cells, free granular matter, epithelium, and cholesterine. No untoward symptoms followed. Operation being refused, patient was allowed to go home on the 27th January.

Again admitted on the 26th March, in a very low condition.

The following measurements were taken :

Girth at umbilical level	..	..	40	inches.
Greatest girth	..	..	40 $\frac{1}{2}$	„
Ensiform cartilage to umbilicus	..	..	8	„
Pubes to umbilicus	..	..	8 $\frac{1}{2}$	„
Right anterior superior spine to umbilicus	..	..	9 $\frac{3}{4}$	„
Left	„	„	11	„

Her condition kept low, and vomiting became a troublesome and constant symptom. Heart's action weak; faint bruit with first sound. Ascites; increasing cedema of feet.

On the 9th April she was again tapped at the original site, and relieved of nine pints of ascitic fluid. She mended very slowly, and earnestly desired operation, which was decided on after consultation with the honorary staff.

Ovariectomy performed by Dr. Rowan on the 25th. Anaesthesia with a mixture of alcohol (1), chloroform (2), and ether (3). Strictly antiseptic measures. The incision in the median line of abdomen, two-and-a-half inches. The left tumour, the larger, was met with low in the pelvis, occupying the iliac fossa. It was multilocular, one large cyst ten inches in diameter, with several outlying smaller ones. These were emptied of their yellow viscid fluid contents by trochar and canula, and drawn through the abdominal opening, which had to be enlarged one-and-a-half inches in an upward direction. The pedicle, a long one, was clamped to the abdomen externally, and the mass snipped off. There were only a few slight parietal adhesions, which were easily broken through. The cyst of the right ovary was high up, close under the lower border of the liver. It was much smaller than the other, semi-solid, and had several firm adhesions to the abdominal wall, but was only slightly connected with the omentum or intestines. The cyst having been drawn through the abdominal opening, the pedicle, a short one, was ligatured with strong carbolized gut, the tumour snipped off, and the pedicle dropped into the abdomen, which was well washed out with a 1 in 80 solution of carbolic acid (tepid) and sponged dry. The edges of the wound were brought together with deep silk and superficial horsehair sutures. There was no hæmorrhage to speak of during the operation, which lasted exactly an hour. Total amount of fluid drawn off during operation, nine pints.

OPERATION OVER AT 5.5 P.M.

Date.	Hour.	Condition.	Temp.	Pulse.	Resp.	Remedies.	Nourishment.
April 25 ..	5.5 p.m.	No shock; slight vomiting ..	98°	88	28	Suppos. opii, gr. i.	..
	6.30 "	Great abdominal pain; vomiting	..	80	..	Suppos. opii, gr. i.	Champagne, ice
	Midnight	Inclined to doze ..	Normal	92	32	..	Chicken broth
" 26 ..	8.15 a.m.	Pulse full, bounding; pain ..	Normal	96	..	Suppos. opii, gr. i.	Ice
	9.30 p.m.	Pulse full and strong all day; abdominal pain constant; tongue dry	99.5°	104	20	Suppos. opii, gr. i. (had 3 since 8.15 a.m.)	Chicken broth and milk during the day
	11 "	Cheeks flushed; skin acting freely	99.6°	100	..	Liq. opii sed., m. xx.	..
" 27 ..	Noon ..	Dressing changed under spray; no tympany; parts looking well	..	..	32	..	Took a pint of milk during the night
	Midnight	Pulse very strong all day; passing flatus; thirst excessive	99.2°	96	..	Liq. opii sed, 3 i since morning	..
" 28 ..	11 p.m.	More or less abdominal pain all day; skin acting	Maximum at 8 p.m. 100.9°	112	Resp. at 7 p.m. 10	Liq. opii sed., m. lxxx. since morning	Has taken milk and chicken broth well to-day
" 29 ..	9.15 a.m.	Tongue very furred and dry; condition much better	99.4°	96	..	..	Milk
	10.40 p.m.	Pulse very strong ..	100.5°	104	20	Liq. opii sed., m. xl. (since morning)	..

April 30.—Three sutures removed ; union good ; no discharge. The bowels were opened by enema on the 1st May. From this time on she continued tolerably well, the pulse ranging from 92 to 108, and the temperature from normal to 100°, and taking plenty of nourishment—milk, chicken broth, brandy and egg, cocoa, &c. The clamp had not come away by 6th May, on which day some thick greenish yellow discharge appeared at the visible part of the pedicle. Lint soaked in carbolic oil applied. About two o'clock the same afternoon she suddenly developed alarming symptoms ; breathing rapidly, face becoming livid and dusky. Pulse 118, soft ; respirations 36 ; temperature 100·4°. She was only able to complain of a choking sensation. Under stimulants (Sp. am. co., sp. eth. chlor.) she rallied.

May 7.—Clamp removed. Incision healed except at the site of the pedicle, which is discharging greenish sero-purulent fluid. Antiseptic dressing.

May 28.—Very low and fretful for the last few days. Temp. normal. Some hardness and bulging made out in the left iliac region. Tenderness superficially. Poultices.

May 29.—Severe and prolonged rigors this morning, during which she became cyanosed in the face, apparently collapsing. Pulse 128, temperature 101°. The cardiac bruit had increased since operation. Dr. Rowan came (after she had rallied under stimulants) and aspirated from the bulging before mentioned two ounces of grumous purulent foetid fluid, with marked relief.

Quin. Sulph. gr. ij. 3 tids horis.

After this patient slowly mended, the discharge lessened and ceased, and she left the hospital on the 7th July.

Appendix.—The subject of the foregoing report was an ardent believer in spiritualism, and furnished me with several extramundane medical despatches (!) (which have been faithfully copied by an obliging student) too lengthy, unfortunately, to be given in full. The extracts appended, however, contain some entertaining if not instructive points, in diagnosis and treatment.

“Feeling sure that unless something was done she could not live more than a few days, she (Mrs. A. B.) was induced to consult Mrs. F. (a well-known lady medium) towards the end of November, 1878.”

“Through Mrs. F., Dr. Mesmer told this patient that her case was a very critical one, and one requiring very great care, as not only had the water risen so far that in a few hours it would have

overflowed the heart, but one of the kidneys had altogether ceased to act, and the other had been so deranged by the medicines partaken of as to have ceased almost entirely to do its work; the liver, he said, was like a sponge dripping full of water, and the heart had been forced out of its place, and was then situated on the right side. The entire surface of the bowels he said was ulcerated, and the bowels themselves encased in water; the heart however was in itself sound, and the lungs were only suffering from the pressure put on them. Two-thirds of the blood he said was water and globules of oil, which should have gone to nourish the coating of the bowels, but which could not reach their proper destination on account of the thickness of the ulceration."

"Dr. Mesmer insisted that there was no tumour in any portion of the body, and that the increased size was due to water in the system in the form of dropsy."

"Dr. Mesmer said the only favourable symptom was the passage of the warmth from the feet upwards, showing that nature was still struggling within. He thought it possible to assist her in her work, and he told the patient that if she carried out the instructions given, within two years she would probably be restored to health."

October 31st, 1882.—The patient present at this séance.—
"Dr. Mesmer now recommended puncture of the stomach by needles, rupture of the bowels being apprehended from the pressure of water. Also that the bladders of water should be expelled from the womb by the use of ergot of rye. He said he did not see any reason why this should not be successfully done, as the head and spine were both sound." The Lying-in Hospital was advised for the operation. He recommended half a teaspoonful each of sulphur and cream of tartar in treacle, to be taken fasting morning and evening. The food partaken should be of a binding nature. . . . Use the following ointment:

$\frac{1}{2}$ lb pure lard
 $\frac{1}{2}$ oz flowers of sulphur
 $\frac{1}{2}$ oz cream of tartar

"This ointment to be well rubbed in all over the stomach every night when retiring to rest, the old coat to be previously removed with a sponge and warm water." There is no organic disease either of the heart or kidneys; the under lobe of the liver too dips in the water; this causes the biliousness, and may cause blotches on the skin through the irregular discharge of the gall-duct.

At a third séance, 17th November, 1882, Dr. Mesmer gave directions dietetic and medicinal. The sulphur and cream of tartar were to be taken as before, and the ointment continued. . . "The marsh mallow may be eaten and also used as a poultice and fomentation for the bowels. The juniper and broom may be alternated with the marsh mallow." ". . . to avoid taking cold you had better wear singlets which will also cover the arms, and also drawers. These should be changed every third day, but not washed; only throw them out in the sun; they should only be washed once in three weeks or a month." "Gin, from the quantity of juniper it contains, will be good." . . .

MELBOURNE HOSPITAL.

Syphilitic Disease of the Membranes of the Spinal Cord.— Recovery.

Under the care of Mr. T. N. FITZGERALD.

Reported by JAMES W. BARRETT, M.B., Ch.B.

Resident Surgeon.

M.T., æt. 26, married, admitted 5th April, 1883. Three years ago the patient was first troubled with a sore throat, followed by enlargement of the glands in the neck. This complaint lasted twelve months. Eighteen months ago sore throat again occurred, and about eight months since a lump (which ulcerated afterwards) appeared in the calf of the right leg, and soon after an eruption on her limbs, body, and head became manifest. Four weeks since she began to suffer from numbness in the left thigh and dragging of the right leg when walking.

When admitted, a slight affection of her voice led to an examination of her throat being made, when it was found that the soft palate and uvula had been destroyed in part, and that the communication between the pharynx and posterior nares had been in great measure cut off by extensive cicatrices and adhesions. There was, however, one small slit still existing in the midline. There were several superficial ulcers about the throat, covered with an ashy coloured slough. About her body were many ulcerated patches, some circular and some irregular. Many of the patches were covered with extensive elevated blackish crusts.

On the *left side* of the body she has incomplete anæsthesia, extending from the tenth intercostal space downwards to the foot. At times stimulation of parts of the abdominal portion of this area caused muscular twitchings. Electro-motility was normal, the muscles responding normally to both the interrupted constant and to the Faradaic currents. Patellar reflex normal. On percussion there was some tenderness over the spine, localised to the spinous processes of the 4-5th dorsal vertebræ, at which point there was some superficial redness. There was no spinal curvature.

On the *right side* there was loss of power in the leg, with dragging of the foot in walking. The patellar-reflex was distinctly exaggerated, and the muscles responded abnormally to both currents. The muscles above the hip joint did not seem involved. There was some hyperæsthesia on this side. She had also slight difficulty in micturition. She was ordered—

Rx Hyd. perchlor. gr. 1-12
 Pot. Iod. gr. v.
 Pot. Chlor. gr. x.
 Tinct. Cinch. Co. 3 j.
 Aq. Camph. ad. 3 j. 4tis horis.

And Gargarisma Potassæ Chlor. A full diet and a pint of stout daily.

The prescription was changed soon afterwards to—

Rx Hyd. Iod. Rubri gr. 1-12
 Pot. Iod. gr. x
 Pot. Chlor. gr. x
 Aq. Camph. ad. 3 j. 4tis horis.

Under this treatment she improved with great rapidity, sensation returning first, then motion.

April 23, 1883.—She could walk very well, with just a slight dragging of the foot.

May 2, 1886.—Had perfectly recovered, as far as the spinal affection was concerned.

The diagnosis was—*syphilitic disease, probably gumma, in the membranes of the spinal cord on the right side, about the level of the eighth dorsal vertebra.*

Case of Fracture of Pelvis—Becoming Compound—With Hæmatoma of Back—Recovery.

Under care of Mr. HOWITT.

Reported by G. ADLINGTON SYME, M.B., Ch.B., Resident Surgeon.

C. G., æt. 4, was admitted to the hospital on the 3rd of April, 1883, having been knocked down and run over by a cab, the wheel passing over the lower part of his back.

There were abrasions down the outer side of the left thigh, and on the right side of the back in the lower dorsal region. There was also extensive effusion of blood in the perineum and scrotum, and over the lumbar and gluteal regions a large fluctuating swelling.

April 4.—Complains of pain in lower part of abdomen and back; lies on back with knees drawn up; respiration thoracic; abdomen distended and tender; temp. normal; pulse hurried; tongue tends to dryness; passes urine naturally. Ordered pig. bellad. and fomentations to abdomen, and a pill of opium and belladonna. Abrasions dressed with iodoform.

April 15.—Temp. normal night and morning; pulse hurried; bowels acting; tongue clean; not much pain; abdomen not tender; has incontinence of urine. Patient lies on his side with his knees drawn up; swelling over buttocks tense and fluctuant; skin reddened.

April 11.—During night skin over right buttock sloughed through, and allowed of the discharge of a quantity of dark fluid blood, leaving a cavity beneath; pelvis seems distorted and twisted, so that the right innominate bone is displaced backwards; attempts to extend legs and straighten pelvis cause great pain. Cavity washed out with carbolic acid lotion; dependent counter-opening made; drain tube inserted; dressed by Lister's method.

April 14.—Temp. 104°; pulse hurried; very restless, did not sleep; wound on right buttock sweet, discharging healthy pus; swelling and fluctuation on left buttock; free incision made into this under spray, and a quantity of offensive fluid blood evacuated; dressed by Lister's method; pelvis still distorted, and legs drawn up.

April 17.—Still restless and peevish; temp. 101.2° last night, normal this morning; slight discharge of sweet, laudable pus; no burrowing; exposed surfaces covered with healthy granulations; probe can be passed along a sinus running forwards and outwards on the left side for about three inches down to the bone, and then probe can be passed between two rough surfaces, and apparently through a fissure in the bone; still dressed antiseptically; patient placed on his back, with a pillow above and below the wound; legs straightened. From this time on the sinus gradually filled up, and the granulating surfaces cicatrized over, sponge grafts aiding in this; the pelvis seemed to very slowly and gradually assume

almost its normal position; and as the boy gained strength he began to walk; at first with difficulty, and in a peculiar manner, the right leg being stiff and not advanced like the left; pelvis for a long time was tilted up on the left side, so that left leg appeared nearly two inches shorter than right.

He was discharged on the 10th of July, able to walk, and with very slight deformity.

Typhoid Fever—Hyper-pyrexia—Recovery.

Under the care of Dr. FULTON.

Reported by J. W. HARBISON, M.B., Ch.B.

Resident Medical Officer.

Elizabeth J., a married woman, æt. 32, was admitted on 8th May, 1883, suffering from typhoid fever. Her illness commenced eleven days before, when she woke in the morning with severe headache and general depression. There has been sickly pain in the abdomen, principally referred to the epigastrium; bowels confined; slight cough. There is no history of shivering, vomiting or epistaxis.

On admission, the patient still complained of headache; tongue coated and moist; bowels loose; no pain or tenderness in right iliac fossa; pulse 120. Morning temperature, 101.8° ; evening, 105.2° . Respirations hurried, but breath sounds normal. *Haustus potassæ chloratis* ordered.

May 9.—Bowels very loose; tongue coated. Temperature—morning, 104.6° ; evening, 105.2° . Ordered a mixture of dilute sulphuric acid and tincture of opium (m. v.)

May 10.—Bowels not so loose; vomiting this morning. Tongue inclining to dryness. Temperature—morning, 103° ; evening, 105° .

May 12.—Temperature—morning, 103° ; evening, 106° . The body was sponged, and the following prescription ordered:

R	Quinæ Sulph.	-	-	-	-	grs. xx
	Acid Hydrobrom.	-	-	-	-	℥ j.
	Aquæ ad.	-	-	-	-	℥ ij.
	Solve.	℥ j	statim.			
		℥ j.	post horas	ij.		

May 13.—Morning temperature, 102° .

R	Quinæ Sulph.	-	-	-	-	grs. x.
	Acid. Hydrobrom	-	-	-	-	℥ xx.
	Aquæ ad.	-	-	-	-	℥ j.
						t.d.s.

Evening temperature, 103° .

May 14.—Tongue clean but dry; bowels very loose. Temperature—morning, 101°; evening, 102·6°.

R. Tinctura Opil. - - - - M v.
 Tinct. Catechu - - - - 3j.
 Mist. Cretæ ad. - - - - 3j.
 Misce. 3j - pro re natâ.

Champagne was now given freely until convalescence. On the night of the 17th there was slight delirium, and on the 19th a dose of castor oil was given. Temperature was normal night and morning on the 25th.

TEMPERATURE RECORD.				
1888.	Morning.	Evening.	Notes.	
May 8	101·8°	105·2°	Pulse 120.	
" 9	104·6	105·0	Much diarrhoea.	
" 10	103·0	105·0	Vomiting.	
" 11	101·0	104·0	.. ..
" 12	103·0	106·0	Quinine and hydrobromic acid.	
" 13	102·0	103·0	.. ..
" 14	101·0	102·6	Champagne.	
" 15	102·2	102·4	.. ..
" 16	101·6	102·8	.. ..
" 17	101·4	101·3	Slight delirium.	
" 18	100·4	101·0	.. ..
" 19	99·2	101·0	Constipation.	
" 20	98·4	101·4	.. ..
" 21	98·4	101·0	.. ..
" 22	99·0	100·8	.. ..
" 23	98·4	..	.. ..
" 25	Normal	Normal	28th day of fever.	

Partial Dislocation of Cervical Vertebrae—Death on the Third Day.

Under the care of Mr. JAMES.

Notes by Dr. MULLEN.

John K., æt. 18, admitted February 17th, 1883. On the preceding day patient dived from a height into shallow water, and struck his head forcibly against a sandy bottom. When admitted, he had complete paralysis of all his limbs; the chest moved but slightly in respiration, inspiration being effected almost entirely by the diaphragm, the muscles of the neck also working vigorously. Loss of sensation was only partial even in the legs. Notwithstanding the difficulty in respiration, the patient lived till the 20th. At the autopsy, a partial dislocation was found between the third and fourth cervical vertebrae, with splintering of the sides of the body of the third. The upper vertebrae tended to slip forwards.

TEN CASES OF INJURY TO THE HEAD—NINE, FRACTURES OF THE SKULL; ONE, DOUBTFUL.

Reported by J. W. BARRETT, M.B., Ch.B., Resident Medical Officer.

No. of Case.	Date of Admission.	Nature of Injury.	Nature of Fracture.	Seat of Fracture.	Primary Brain Symptoms.	Result.	Name of Surgeon by whom the Case was treated.	Remarks.
1	4. 2. 82	Patient, <i>et. 30</i> , fell a distance of 30 feet on to a wooden floor, smashing the latter with his head. Had profuse bleeding from right ear.	.. ..	.. ..	Concussion	Recovery with aphasia	Dr. Beane	.. ..
2	11. 1. 83	A man, <i>et. 20</i> , shot himself with a revolver. The ball apparently entered the anterior fossa of the skull at the right temple. (It possibly entered the ethmoid bone through the roof of the orbit)	Compound	Vault?..	Absent ..	Recovery	Mr. Howitt	The ball could not be discovered, although pieces of lead were removed from the opening in the skull wall
3	20. 1. 83	Man, <i>et. 54</i> , received a violent blow on left parietal region with an axe. Outer table of skull divided to extent of 3 inches, inner to extent of 1 inch	Compound	Vault ..	Slight concussion	Recovery	Mr. Howitt	Brain pulsation observed in wound almost to date of cicatrization (1. 4. 83)
4	1. 2. 83	A boy fell from roof of coach, and sustained a linear fracture of vault on left side	Simple ..	Vault ..	Concussion	Recovery	Mr. Fitzgerald ..	.. ..
5	2. 83	A boy fell from a wall on to back of head. A linear fracture of posterior fossa. Died at once from neuro-paralysis	Simple ..	Base ..	.. ..	Death ..	.. ..	.. ..
6	12. 2. 83	Boy received a violent blow on the head with bottom of a beer bottle. A semi-circular depressed fracture of the frontal bone resulted	Compound	Vault ..	Absent ..	Recovery	Mr. Fitzgerald..	.. ..
7	13. 2. 83	A man, <i>et. 42</i> , was struck on the head by the buffer of a railway engine in motion. Depressed compound fracture in left parietal region resulted. The free edge of depressed part was about two inches long	Compound	Vault ..	Concussion	Recovery	Dr. Beane	Developed or contracted erysipelas a few days after receipt of injury.

TEN CASES OF INJURY TO THE HEAD—Continued.

No. of Case.	Date of Admission.	Nature of Injury.	Nature of Fracture.	Seat of Fracture.	Primary Brain Symptoms.	Result.	Name of Surgeon by whom the Case was treated.	Remarks.
8	19. 3. 83	Man, set. 18, fell and sustained a small depressed fracture of parietal bone posteriorly	Simple ..	Vault ..	Concussion	Recovery	Mr. Fitzgerald ..	.. ..
9	23. 2. 83	Man, set. 39, received a violent blow over the left eye from the swinging of a sail block. Sustained a local compound fracture of frontal bone, and an extensive linear fracture of the vault. Operation of trephining performed. Nearly all the roof of the orbit removed, the dura mater being left uninjured	Compound	Vault & base	Compression	Death in 27 days	Mr. Howitt ..	The brain protruded after a time, the white matter being freely exposed
10	17. 4. 83	Man, set. 40, died just after admission to Hospital with linear fracture in posterior fossa	Simple ..	Base ..	Compression	Death ..	Mr. Fitzgerald ..	Cause of death was compression of brain from extravasation of blood

Except in Case 9 operative measures were not resorted to, and the result simply shows that "compound depressed fractures" of the vault do not invariably lead to "intra-cranial suppuration" when not trephined.

The impunity with which the vault, and even the underlying brain matter of the convolutions can be injured, is well illustrated by Cases 3, 6, 7, and 8, and also by Case 9, where the removal of the roof of the orbit, sloughing of the dura mater, the escape of watery fluid, and the exposure of the convolutional brain matter, were not incompatible with the prolongation of life for 27 days after the receipt of the original injury.

Case of Punctured Wound of Thorax—Hæmothorax—Recovery.

Under care of Mr. HOWITT.

Reported by G. ADLINGTON SYME, M.B., Ch.B., Resident Surgeon.

M. J. O. D., æt. 42, was admitted on the 17th May, 1883, with a punctured wound of the chest, self-inflicted with a table-knife. He was in a state of profound shock, pulse imperceptible, cold sweats, pallor. The wound was about a quarter of an inch in width between the fourth and fifth ribs, and a little to the inner side of the nipple line; there was slight hæmorrhage, chiefly venous, from the wound. The apex beat of the heart could not be felt, and no heart-sounds were audible at the apex, very faintly audible at the base.

The wound was dressed antiseptically, some brandy given, and patient placed in bed, with plenty of warmed blankets and hot bottles; being placed as much as possible on his left side and face.

4 p.m. Improved. Pulse a little stronger, breathing difficult; oozing from wound. Given a hypodermic injection of

Ergotin gr. iv.
Morphia gr. $\frac{1}{2}$
Atropine gr. $\frac{1}{100}$

May 18th.—1 a.m. Very low; pulse weak; great pallor; breathing difficult. Brandy given.

9.30 a.m. Improved. Pulse stronger, but still very weak; breathing laboured; is very anxious; venous hæmorrhage from wound. Pulse 127; respiration 100. Complains of pain in left side of chest.

19th.—Pulse 112, stronger; resp. 32, and easier. Not so much pain; no further hæmorrhage.

20th.—Pulse 132, still very weak; resp. 32. Impaired breathing left side; dulness over left base and in left axilla; breath and voice sounds distant; heart sounds heard clearly at apex.

21st.—Temp. 100, last night 100·8°; pulse 120; resp. 36, laboured; tongue furred; face dusky; cough, sputa viscid, slightly rusty. Physical signs on left side the same. Slight.

dulness over right base, and fine crepitant râles with inspiration. Ordered jacket poultices:

Rx	Liq. Ammon. Acetat	3 iij.
	Spt. Ætheris Nitros	3 js.
	Ammon. Carb.	gr. v.
	Tinct. Digitalis	℥ xv.
	Aq. Camph.	ad. 3 i.

4 tis horis.

28th.—Temp. 100°; pulse 112, still small and rather weak; resp. 32. Right lung clear; dulness on left side does not extend so far upward or forward; complete absence of breath and voice sounds over dull area; wound quite healed.

June 1.—Ordered—

Hst. Ferri et Quin. Citrat.
c Pot. Iodid. gr. v.

t.d.s.

The patient gradually gained strength, and the effused blood very slowly became absorbed. He was discharged on the 26th of June.

Acute Myelitis.

Under the care of Dr. MOLONEY.

Reported by J. W. HARBISON, M.B., Ch.B.

Resident Medical Officer.

J. O., æt. 19, was admitted on June 30, 1883. About fifteen days previously he was wet through and slept in his damp clothes. On the following day, while walking, his legs suddenly gave way under him and he fell; on rising, he was scarcely able to walk, and his limbs again failed altogether on the way home. He was put to bed, and by that time had lost all power of moving his legs. Incontinence of urine set in, and on two occasions his stools passed involuntarily.

On admission there is complete loss of power in the lower limbs; sensation is abolished on the outer side of the left leg but is unaffected in the other limb. The patient complains of pain when the legs are moved. Patellar reflex is absent. The urine still dribbles away. The chest sounds are normal.

July 5.—Some dimness of sight. Tightness across chest. Fæces passed involuntarily.

July 6.—Starting pains in the legs. Urine alkaline, albuminous, specific gravity 1020, containing triple phosphates and carbonates. Slight tendency to priapism.

July 7.—Acute pain on pressure over the spines of the fourth, fifth, and sixth dorsal vertebræ. No feeling of constriction around the chest. Bedsores forming on all the points of pressure.

July 8.—Sensation blunted in both legs, especially the left.

July 9.—Starting pains in the hands and arms, extending to the legs.

July 10.—Still has pain in the lower limbs, increased on movement. Sensation absent in the left lower extremity; also absent in the right thigh, and much impaired in the right leg. Cremasteric and abdominal reflexes absent.

July 15.—Appetite good, but difficulty in swallowing.

July 16.—No starting pains in the limbs now. Complains of pain across the chest.

July 17.—Pain in the right knee. Food seems to stick in his chest. Mobility of chest impaired. Pulse feeble, 108; respirations shallow, 28. Tongue coated, but moist; bowels open.

July 18.—Pain in both arms and in right knee. Tongue tending to dryness. Tenderness over trunk and lower limbs.

July 20.—Was shivering this morning. Swallows his food slowly, but vomits most of it in a few minutes. No pain. Pulse rapid and feeble. Breathing hurried and shallow.

July 21.—Died.

The following is the record of temperatures taken during his stay in the hospital; the morning temperatures are rarely above normal, but the evening ones range from 99° to 103°.

TEMPERATURE RECORDS.

	Morning.	Evening.		Morning.	Evening.
June 30	—	100°	July 11	98·4	102·4
July 1	100°	102	„ 12	98·4	101·6
„ 2	100	100	„ 13	98	101·6
„ 3	98·4	99	„ 14	98·4	101
„ 4	98·4	90·8	„ 15	99	103
„ 5	98·4	102	„ 16	100	101
„ 6	98·4	100	„ 17	98·4	101
„ 7	98·4	101	„ 18	98·4	100
„ 8	98·4	101	„ 19	98	100
„ 9	98	101·4	„ 20	99·8	Died.
„ 10	98·4	101			

Unfortunately no post mortem could be obtained.

Australian Medical Journal.

AUGUST 1883.

THE ELECTION OF THE HONORARY STAFF AT THE MELBOURNE HOSPITAL.

As might have been expected, the new bye-laws proposed by the Committee of Management of the Melbourne Hospital have been emphatically rejected by the Governors of the institution. The principle of entrusting the election of the honorary medical staff to a special board is undoubtedly a sound one, and a wisely-framed scheme embodying this principle might not to have been utterly distasteful to the Governors, even though their privileges were somewhat curtailed by it. But to dream of utter disfranchisement, of handing over the election almost wholly to the Council and Senate of the University, argued a singular absence of resource and want of worldly wisdom; and to bring such a proposition gravely before the Governors on the eve of an election, when canvassing had been in progress for months, was the height of midsummer madness. The University certainly does not desire to usurp the rights of others; the utmost concession it would ask is that the Lecturers on Clinical Medicine and Clinical Surgery appointed by the Council should, *ex officio*, have certain beds assigned to them for teaching purposes in the Hospital. But even this favour, which might have been granted, has been jeopardised, if not rendered impossible, by a wild scheme which could command the calm approval of no thinking mortal.

A hospital election, conducted according to the present method, is not a pleasant thing to watch; few medical men can take an active part in it without some sense of professional degradation; yet the action of the Committee, or rather of a section of it, has ensured the continuance of the same system for an indefinite term of years.

THE VICTORIAN MEDICAL BENEVOLENT ASSOCIATION.

The eighteenth Annual Meeting of the Association took place on Wednesday evening, July 25th, in the Hall of the Medical Society.

Dr. Jonasson, Vice-President, in the chair.

The first business was the Report of the Committee, as follows :

REPORT OF COMMITTEE.

GENTLEMEN,

The termination of the eighteenth year of the existence of the Medical Benevolent Association, again discovers a balance to its credit, the demands made upon its funds having been considerably below its income. This continued excess of receipts over expenditure has again prompted the enquiry as to the need for subscribing to its funds, and the answer has to be again, as has aforesaid been given, when similar queries have been raised, that it has been, all through, the hope of the promoters of the Association to establish eventually a Permanent Fund, large enough to serve as the foundation for an Institution somewhat in the nature of an Insurance Society, so as to extend its benefits much further than has hitherto been contemplated, or even regarded as possible. We consider that the circumstances of the colony point to the probability of there being a much more frequent need for the employment of the Association's Funds than has hitherto been the case, and it will not be among the least of its advantages to be, to a large extent, independent of casual subscriptions. The continued surplus of contributions makes the possibility of a larger usefulness of the Association all the greater, and we therefore cannot but regard this condition of the Balance-sheet as an encouraging sign that the higher aims of the Association will be ultimately successful.

It is only the due of the founder of the Association, Dr. Cutts, to mention, that after having filled the office of Treasurer since its commencement, he recently, on the occasion of his leaving the colony for England, resigned the duty he had so long and so earnestly performed, and the office was filled up by the Committee in the election of Dr. Jamieson. Dr. Cutts' long services, and his steady enthusiasm in procuring all that was possible in the way of benefit for the Association, merit the most emphatic recognition on our part, and they are recorded to his great credit accordingly.

There have been four Meetings of Committee during the year, and the attendance has been as follows :

Mr. Gillbee ...	3	Mr. Gray ...	0
Dr. Jonasson ...	3	Dr. McMillan ...	3
Mr. Rudall ...	4	Dr. Ryan ...	3
Dr. Cutts ...	3	Dr. Jamieson ...	4
Dr. Neild ...	4	Mr. Fitzgerald ...	0
Dr. Graham ...	0		

The cases dealt with have been as under :

CASE 1.—An M.D. St. And., M.R.C.S. Eng., and L.S.A. Lond., was granted £5 to procure clothes in order to proceed up the country to re-commence practice after recovering from an attack of severe illness.

CASE 2.—The widow of an M.R.C.S. Eng., and L.S.A. Lond., was granted, at various times, small sums amounting to £3 13s. 10d. for casual requirements.

CASE 3.—An M.R.C.S. Eng., was granted £1 for temporary relief.

CASE 4.—An M.R.C.S. Eng., was granted £1 for casual assistance.

CASE 5.—The widow of an L.S.A. Lond., who had frequently been assisted before, was granted £1.

OFFICERS FOR THE YEAR 1883-4.

The Officers for the year 1883-4 were then elected, with the subjoined result :

President—Mr. Gillbee. Vice-Presidents—Dr. Jonasson and Mr. Rudall. Treasurer—Dr. Jamieson. Joint Honorary Secretaries—Dr. Neild and Dr. Graham. Committee—Mr. Gray, Dr. J. P. Ryan, Dr. Browning, and Dr. Haig. Auditors—Dr. Bennie and Professor Kirkland. The Trustees remained the same, namely, Dr. Cutts, Mr. Gillbee, and Mr. Fitzgerald.

This Report having been adopted, the Treasurer's account for the past year was submitted.

TREASURER'S REPORT.

Hon. Treasurer in Account with the Victorian Medical Benevolent Association.

Dr.

To Balance from 1881-2	£38	19	9
Interest on Stock and Debentures	55	12	0
Interest Savings Bank	6	0	0
Annual Subscriptions	82	15	0
Withdrawn from Savings Bank	200	0	0

£383 6 9

Cr.

By Fixed Deposit Commercial Bank	..	..	..	£250	0	0
Grants	..	..	..	9	13	10
Commission to Collector	..	..	..	2	4	0
Stationery and Stamps	..	..	..	0	15	0
Exchange and Collection of Interest on Debentures	..	..	..	0	6	6
Deposit Savings' Bank Interest	..	..	..	6	0	0
Balance to 1883-4	..	..	..	114	7	5
				£383	6	9

CAPITAL ACCOUNT.

Inscribed Stock	..	..	..	..	£500	0	0
Victorian Government Debentures	..	..	..	..	400	0	0
Queensland Government Debentures	..	..	..	..	200	0	0
Medical Society Debentures	..	..	..	..	60	0	0
Fixed Deposit Commercial Bank	..	..	..	..	250	0	0
Deposit Savings' Bank	..	..	..	..	56	0	0
Balance to 1883-84	..	..	..	..	114	7	5
				£1580	7	5	

Audited and found correct and Securities examined,

July 24th, 1883.

J. H. BROWNING.

This also was adopted.

The Treasurer submitted the following List of Subscribers of One Guinea for the year 1882-3.

Adam, Rothwell
 Alsop, T. F.
 Annand, G.
 Balls-Headley, W.
 Barton, F.
 Bennie, P. B.
 Bowen, A.
 Beaney, J. G.
 Barker, W.
 Barrett, J.
 Bird, S. D.
 Brownless, A. C.
 Burke, S. J.
 Black, A. G.
 Browning, J. H.
 Carstairs, J. G.
 Casey, C. G.
 Cooke, J.
 Cutts, W. H.
 Dick, T. T.
 Dowling, F. J.
 Duret, C.
 Ford, F. T. W.
 Fisher, A.
 Fitzgerald, T. N.
 Fletcher, E.
 Francis, H.

Fyffe, B.
 Figg, E. G.
 Gillbee, W.
 Grace, J. F.
 Graham, G.
 Gray, A. S.
 Haig, W.
 Henry, L.
 Hora, Tudor
 Heffernan, E. B.
 Jakins, W. V.
 James, E. M.
 Jamieson, J.
 Jonasson, H.
 (2 years)
 Kirkland, J. D.
 Le Fevre, G.
 Lewellin, J. H.
 Lewellin, A. J. R.
 Long, D. R.
 Lucas, T. P.
 MacInerney, J.
 M'Crea, W.
 Meyer, F.
 Moloney, P.
 Motherwell, J. B.

Neild, J. E.
 Penfold, O.
 Pincott, R.
 Robertson, J.
 Robertson, R.
 (2 years)
 Robinson, S. R.
 Rudall, J. T.
 Rankin, W. B.
 Ryan, C.
 Ryan, J. P.
 Schleicher, C.
 Shields, A.
 Smith, C.
 Smith, L. L.
 Smith, S. M.
 Snowball, W.
 Talbot, R.
 Turner, D.
 Walsh, W. B.
 Webb, J. H.
 Whitcombe, W. P.
 Williams, D. J.
 Williams, J.
 Wilkie, D. E.
 Wilson, H. B.

Extracts from the Medical Journals.

THE BRITISH MEDICAL JOURNALS.

Porro's Operation.—The utero-ovarian Cæsarian operation was performed by Professor Porro on a primipara with rachitic deformity of the pelvis and whole skeleton. The child lived, and the patient made a good recovery, the highest temperature recorded being 100·4° Fahrenheit.

Apomorphia: a safe, certain, and quick Emetic.—Dr. J. Brown has used this drug hypodermically with very good effects. He prepares a solution containing a grain of chloride of apomorphia, twenty minims of rectified spirit, and water to two drachms; of this he administers ten minims hypodermically, which equals one-twelfth of a grain. In from two to seven minutes this produces copious vomiting, without nausea or bad after effects. Dr. Brown considers this to be a most valuable remedy in cases of alcoholic and narcotic poisoning, and also in convulsions in children which are produced by an over-loaded stomach.

Dr. W. A. Brailey gives an interesting account of some cases of granular lids, which he treated by inoculation with jequirity (the *Abrus precatorius* of the natural order *Leguminosæ*). He believes this drug to be an agent of decided value, and that although in ordinary cases it does not immediately destroy all the granulations, it diminishes very considerably the pain and photophobia, and has a decided influence in clearing the cornea, without any injurious effect on this tissue, in which respect it is of course superior to the inoculation from ophthalmia neonatorum.

A new Test for Organisms in Water, by Dr. Angus Smith, of Manchester.—The water is rendered thick by dissolving gelatine in it. If pure, the gelatine cylinder remains a long time unaltered; but if the water is impure from the presence of organisms, the gelatine round the organisms becomes liquified and globular, the organisms remaining solid at the bottom of the spheres.

The Risks of Massage. By Julius Althaus, M.D.—Although the "Weir-Mitchell" treatment has been found very useful in certain obstinate forms of hysteria, it is now applied indiscriminately to all sorts of cases of cerebral and spinal disease, of which loss of power forms a conspicuous symptom. In many cases of lateral

and insular sclerosis, which are now treated by massage and exercise, rest is indicated rather than active exertion. Dr. Althaus has seen many cases in which "the cerebral disease has been rendered palpably worse by procedures of this kind."

W. B. W.

MEDICAL TIMES AND GAZETTE.

Garrod's Lumleian Lectures on Uric Acid : its Physiology and Relation to Urinary Calculi and Gravel.—Dr. Garrod points out that the waste nitrogen of the body is eliminated mainly through the urine, and in three forms—(1) uric acid, (2) urea, (3) hippuric acid. Uric acid and urea formation he regards as distinct processes, which attain various degrees of perfection in different animals. The carnivora mainly excrete urea, whilst aves, reptilia, and invertebrates excrete uric acid almost exclusively. Uric acid is either (1) formed in the blood and separated by the kidneys, or (2) formed at the kidneys from materials provided by the blood. Dr. Garrod believes that the latter is the method by which its separation is effected, and adduces very lengthy reasons in support of his views, which may be summed up as follows :—Uric acid is formed at the kidneys as urate of ammonia ; urate of ammonia in a solution containing soda becomes urate of soda, and *vice versa*. Hence, as ordinarily separated in the urine, it exists as urate of soda, and when resorbed into the blood, as in gout, it also becomes urate of soda, and is deposited as such. At the kidneys urate of ammonia exists in the form of little globules, which are soon dissolved as urate of soda. If by chance they escape solution, they may form the nucleus of a calculus, on which other urinary substances may be deposited. Such products as sand and gravel are produced differently, by the precipitation of urinary constituents. Amongst other reasons he gives for this belief that the nuclei of calculi are often formed by want of solution, and not by precipitation, is the fact that whenever uric acid is precipitated from the urine it carries the coloring matter with it, whereas the nuclei of these calculi are colorless. He thinks that the uric acid diathesis is induced, not by the ingestion of alcohol, sugar, &c., but by the ingestion of imperfectly fermented products, such as are met with in beer and some forms of wines.

Tabes Dorsalis.—Dr. Gowers delivered an address to the Ophthalmological Society on Eye Symptoms in Diseases of the

Spinal Cord, in which he pointed out, amongst other things— (1) That these symptoms are always the result of degenerative processes. (2) That spinal cord disease cannot cause them. (3) That tabes dorsalis must not be regarded as a disease of the spinal cord, but as a wide-spread sensory neurosis, since not only the optic and other cranial nerve centres, but also the peripheral cutaneous nerves are independently affected by a similar degenerative process to that which goes on in the spinal cord.

At a meeting of the Clinical Society of London, Mr. G. Lawson drew attention to the great liability of cicatrices, especially those tight ones caused by great destruction of skin, to become affected with epithelioma. He further showed that if excised before glandular involvement, epithelioma was manageable, but that when the glands had become involved it was quite uncontrollable; it was, in fact, even more irremediable than other forms of cancer

J. W. B.

NEW YORK MEDICAL RECORD.

Dr. Stephen Smith reports a case of *angular ankylosis of the hip, treated by sub-cutaneous section* of the femur, just at the lesser trochanter, with some original and ingenious modifications of the usual methods. "As one of the liabilities, after the simple division of the bone, is the displacement of the lower fragment from contact with the upper portion, so as to endanger non-union, I decided to attempt to overcome that tendency by making a half tenon and mortice by which the fragments would lock. This was easily effected by dividing the bone partially on the posterior and anterior surfaces, the incisions being separated half an inch or more, and breaking the intermediate portion longitudinally." The operation was performed with the fenestrated canula saw of Dr. Shrady, which has the advantage of not injuring the tissues beyond the bone with the point of the saw. The union of the bone progressed satisfactorily in spite of the formation of a superficial abscess, and the patient can walk erect without any support, and with but a slight limp.

Second German Congress of Internal Medicine.—The subjects of discussion were:—The germ theory of tuberculosis; the nature, prevention, and treatment of diphtheria; the abortive treatment of infectious disease.

With regard to the first no one dissented from the view that tuberculosis was an infectious and parasitic disease; but antiseptic methods of treatment, whether by inhalations of menthol, camphor, naphthaline, aniline, &c., tried by Koch, Gaffky, and Fraentzel, or by injections into the lung tissue of corrosive sublimate, bromide of ethyl, and alcohol, tried by Hiller; or by salicylates, or sulphurous acid internally, recommended by Schott, one and all failed to give anything but negative results. Professor Rühle, of Bonn, summed up as follows:—1. Human tuberculosis is an infectious disease. 2. The bacillus discovered by Koch is its special cause. 3. The fact that pulmonary tuberculosis may be transmitted from man to man by contagion is established; the exact method is not certainly known. 4. Tuberculosis in man and animals is identical. 5. The therapeutics relate chiefly to prevention, but the best methods of prophylaxis cannot yet be formulated.

Gerhardt of Wurzburg opened the discussion on Diphtheria. He believes in the essential identity of croup and diphtheria, and that the disease is due to the presence of micro-organisms, which, however, probably carried or generated some chemical poison. The indications for treatment were: 1st. To loosen the membranes with vapours of lactic acid or lime-water; by pilocarpin or papayotin. 2nd. To attack the cause of the disease with antiseptics. Prof. Klebs agreed in the main with Gerhardt; he thought there were different forms of diphtheria depending upon different micro-organisms. Rossbach, of Jena, looks upon the tonsils as the portals through which the diphtheritic poison entered the system, and advocates their removal as a prophylactic measure. It was agreed generally, in the long discussion which followed, that the affection designated diphtheria was not a single disease, but that there were several conditions at present confounded under this one name.

At the Congress of the German Surgical Society, Dr. Wölfler, of Vienna, reported two cases of *Resection of the Intestine*. The first case was an abdominal tumour, which was found, on opening the abdomen, to be a fibroma of the mesentery so closely attached to the intestine, that three feet of the latter had to be cut out before the tumour could be removed. The patient died in collapse. The second case recovered after the removal of six inches of the transverse colon along with a malignant tumour. This is said so be the only successful case on record.

American Neurological Association.—Dr. W. J. Morton reported a case of traumatic neuritis presenting some peculiar features. Dislocation of right humerus, injury to brachial plexus, motor paralysis, sensory disturbance (exaggeration of tactile sense, hyperalgesia, diminished temperature sense), reaction of degeneration, œdema, glossy skin, painful joints, fibrous hyperplasia, neuro-muscular hyper-excitability, extension of disturbance to opposite member.

The two symptoms of fibrous hyperplasia, instead of the usual atrophy, and the neuro-muscular hyper-excitability, are almost unique, only one previous case of the first, reported by Weir-Mitchell, being on record; the second having been previously found only by Charcot in the lethargic state of hypnotism.

Dr. C. L. Dana reported the results of his observations on hydrobromic acid. In epilepsy, while it had some controlling influence, it could not be substituted for the bromides. In chorea, it was a good vehicle for arsenic or strychnine when a sedative was desirable. In alcoholism it failed completely. In insomnia it acts very well, and produces no disagreeable effect. The dose required is larger than that usually given, viz., 3jss. to 3ijss. of a ten per cent. solution. It is a good solvent of quinine, but does not prevent cinchonism in the small doses usually prescribed.

Dr. Dana also read a paper on the value of *Galvanization of the Brain in Chorea*. He believes that chorea is an irritative disease of the voluntary motor tract, either chiefly in the brain, or chiefly in the spinal cord. Anodal galvanization of the brain probably lowers cerebral irritability, contracts the pial vessels, slows the circulation, and produces nutritive effects. He applies a sponge electrode over the side of the head above the ear, and makes this positive; the other electrode is placed in the hand of the affected side, and a current (three to six Stohrer's cells) is passed for three to five minutes. This treatment should be continued daily for about ten days. He reported eight cases, all of which recovered under this treatment.

Fixative Power of Traction in Hip Disease.—Dr. A. B. Judson argues the question of the value of extension in hip disease, and concludes that its beneficial action is due to the immobilization of the joint thereby produced. He suggests that the extension splint used in hip disease might be used with advantage in fracture of the neck of the femur, as it not only secures fixation, but also permits the patient to walk.

Jequirity in Inveterate Pannus and Trachoma.—Dr. Edward S. Peck reports seventeen cases of inveterate pannus and trachoma all improved with the use of the infusion of Jequirity, or *Abrus Precatorius*. He concludes—1. The infusion must be from *fresh* seeds, transparent, odourless, kept from light and air, and must not be used after the development of an odour, or later than a fortnight after its preparation. 2. The ophthalmia induced by jequirity is strictly croupous; is limitable in severity by the assiduity and regularity of the applications, and is not determined by the strength of the infusion. 3. The cornea runs no risk of perforating ulcer, and can suffer no more than a transient desquamation of epithelium. 4. Corneal and conjunctival granulations from 1 to 20 years of existence are successfully removed, with but little pain and little discomfort, in from 10 to 21 days. 5. A dense white opacity of the cornea, even of recent standing, remains unaffected by the infusion of jequirity.

Dislocation of Hip-joint.—Dr. T. R. Varick records a case in which the head of the femur lay in the ischio-rectal fossa, impinging strongly on the rectum. The thigh was flexed at an obtuse angle, and abducted. Reduction was effected by manipulation.

G. A. S.

THE LONDON MEDICAL RECORD.

M.M. Terrier and Verchire report two cases of *tubercular synovitis of tendons*; in the one patient the flexor tendons of the left hand, and in the other the extensors of the left hand were affected. Both were victims to pulmonary tuberculosis. The authors believe a diagnosis of tubercular synovial sheaths may be made in most cases by considering the local and general symptoms, and the antecedents. This affection may closely resemble tertiary syphilis, and be with difficulty distinguished from it. For a diagnosis we can then only rely on the absence of signs of syphilis, on the effects of specific treatment, and the existence of tuberculosis in the trunk. Being a local exhibition of a general affection, treatment is for the most part futile.

Dr. Reuben A. Vance, writing on *dislocation of the hip-joint*, concludes, from the anatomy and pathology of the joint, that a dislocation may occur at any point. To reduce any dislocation, he advises placing the limb in the exact position it occupied when the head of the femur was forced through the capsule, relaxing

the untorn portion of the capsular ligament, by manipulating the limb, and then drawing, pushing, elevating, or depressing the head of the femur, so as to carry it over the brim of the acetabulum back to its proper position. In other words, we must get the head back to its place by the same road by which it was displaced. The road unfortunately is often very difficult to find.

Dr. V. J. Drosdoff bears witness to the excellence of static electricity as a therapeutic agent in various *reflex and rheumatic neuralgiae*.

M. Felizet, relying on the special sedative action which *potassium bromide* has over the function of the medulla oblongata, has used it extensively in *diabetes mellitus*. He found that in large and continual doses it cures the disease. He has a record of 15 cases treated successfully. Dr. H. Bergeron, writing in confirmation, states that after giving a drachm of pot. brom. daily to a diabetic for 15 days, there was not a trace of sugar in the urine.

Dr. Alexander, of Liverpool, has treated 21 inveterate cases of *epilepsy by ligature of the vertebrals*. In 12 cases, the freedom from fits has been for so long a time that a cure may be said to have resulted. Eight others have greatly improved. There was only one death in over 30 operations, and that was of an idiotic girl who tore off the antiseptic bandages. He considers the operation acts by diminishing the sensitiveness of the medulla, and that, before the collateral circulation is established, the epileptic centres are so benumbed that they do not respond as formerly.

Dr. C. B. Kelsey has great confidence in the treatment of *haemorrhoids* by injection of *carbolic acid*. The solution he uses is—carbolic acid, one part; glycerine, six; water, six. Of this, 5 minims are injected into each tumour at intervals of a week.

The origin of the Bothriocephalus Latus has been traced by Braun to the pike. Out of 60 pikes examined there was only one in which scolices of the *Bothriocephalus* could not be found in the muscles.

Dr. Sloan advises the use of *Eucalyptus oil pessaries* in midwifery practice. His formula is—oil of Eucalyptus, six drachms; white wax, four drachms; cacao butter, four drachms; mix and divide into 12 pessaries. In a case of pyæmia, he thinks a hypodermic injection of 5 minims to 20 minims of olive oil every hour, saved the patient's life.

Voltolini, Hanisch and others, have cured some *obstinate cases of asthma* by removal of nasal polypi. Such cases, compared with others arising from reflex irritation as hay asthma, and asthma from the inhalation of ipecacuan powder, afford an interesting subject for consideration.

Dr. F. H. Murdoch advises the removal of *plaster of Paris bandages* by first painting a line along the bandage with a strong solution of nitric acid and then dividing with a Jack knife.

Dr. Danillo examined 200 *insane women* and found various diseases of the sexual organs in 80 per cent. Out of 140 menstruating women, between fifteen and forty-two years of age, only twenty were without some anomaly.

Dr. Chandle has collated 416 cases of *nerve stretching*. The conclusion arrived at from these cases is just what we would expect. This remedy is almost useless in cases of central disease, but of great value in obstinate cases of neuralgia and spasmodic affections.

Dr. Müller proves from a series of cases the extreme *liability of diabetic patients to phlegmonous inflammations*—gangrene and septicæmia after operations—these cases resisting ordinary treatment. He thinks an explanation may be found in the possibility of the micro-organisms normally present in the fluids of the body being converted into morbid germs through the influence of the abnormal state of the blood. Diabetics should therefore be operated on only under absolute necessity.

Professor Von Nussbaum has invented a kind of bracelet of gutta-percha, which he has found a simple and successful means of treating *writers' cramp*. It allows of the manipulation of a penholder fixed to it. Its efficiency consists in its bringing into action for writing, the extensors and abductors instead of the flexors and adductors.

The *origin of renal cysts* is thus described by Dr. J. B. Green: First, the interstitial and epithelial tissue of the tubules breaks down into inflammatory corpuscles; then the medullary is converted into myxomatous tissue, and so a cavity becomes formed, filled with an albuminous fluid.

Dr. L. D. Buckley, in a paper containing a table of *four hundred and fifty cases of syphilis*, protests against regarding syphilis as a benign disease. He considers it hardly second to phthisis in its influence on life, health, and happiness.

Professor Ponfick, of Breslau, from experimenting on the common mushroom, arrives at some very practical results. He finds that all common mushrooms are poisonous, but cooking deprives them more or less of their toxic properties. Washing with cold water takes away some of the poison, and boiling water takes away more. The water in which they have been boiled is highly poisonous. His results would lead us to prohibit the "*Agaricus Campestris*" as an article of diet. P. B. B.

Local Subjects.

GAZETTE NOTICES.—The name of Mathew Barclay Thomson, M.B. et Ch. M. Edin. 1881, South Yarra, has been added to the list of legally qualified medical practitioners.

The following appointments are notified:—Thomas Loughrey, M.B., to be public vaccinator for the districts of Wahgunyah and Rutherglen. William Joseph Carroll, surgeon, to be appointed public vaccinator for the district of Werracknabeal. George Palmer, M.B., Ch. B., to be deputy medical superintendent of the Ararat Lunatic Asylum. Samuel W. Brierley, L.B.C.P., to be deputy medical superintendent of the Beechworth Lunatic Asylum.

The resignation is accepted of George Le Fevre, M.D., as public vaccinator acting at the Model Farm Calf Lymph Depot.

THE MELBOURNE UNIVERSITY—DEPUTATION TO MR. SERVICE.—A deputation from the Council waited upon the Premier, Mr. Service, and submitted the following estimates of additions and improvements necessary for the completion of the University buildings:—

1. Necessary additions to the Medical School urgently required, new dissecting room and museum and large lecture theatre, &c., as per plan approved; also, lodge for Medical porter	£10,500	0	0
2. Completion of the cloisters to main building	4,000	0	0
3. Fencing—Grattan-street frontage	£8,000	0	0
Madeline-street frontage	2,400	0	0
Sydney-road frontage	2,300	0	0
	7,700	0	0
4. Eleven residences for professors, at £2,000 each	22,000	0	0
5. Lecture-room and laboratory wings, including four large theatres, two small theatres, four laboratories, professors' studies, &c., all urgently needed, each £25,000	50,000	0	0
6. South wing to complete present buildings to accommodate school of music on east side adjoining organ gallery, and Wilson-hall and professorial and faculty board rooms on the west side—each £6,000	12,000	0	0
7. Organ gallery, vestibule, and northern entrance to Wilson-hall	7,500	0	0
8. Grand library, council-chamber, and robing-rooms, chancellor and vice-chancellor's offices and registrar's office and ante-rooms	45,000	0	0
	£158,700	0	0

The work to be first undertaken would be that of adding to the medical school, and other urgent improvements were the erection of some of the professors' residences, and the completion of the cloisters. The endowment of the Melbourne University was considerably less than that of Sydney, Adelaide, or New Zealand, which latter had the most magnificent endowment of any University in the Southern Hemisphere. Upon this subject the following statement was submitted :—

1.—IMMEDIATE REQUIREMENTS.

1. Amount to meet deficit	£619 0 0
2. Examinations and examiners	1,721 0 0
3. Additional for present professors and lecturers' salaries	375 0 0
4. Two clinical lecturers—medicine and surgery	500 0 0
5. Two lecturers—French and German	500 0 0
6. Scientific apparatus for the three schools of Arts, Medicine, and Engineering	1,000 0 0
7. Library for four schools—Arts, Medicine, Engineering, Law	1,000 0 0
8. Additional for repairs and furniture	500 0 0
	<hr/> £6,215 0 0

2.—As soon as the Government of the country can place sufficient funds at disposal of council, the following additional professors and lecturers are required :—

1. Professor of Latin	£1,000 0 0
2. Lecturer on architecture	250 0 0
3. Lecturer on surveying and drawing	250 0 0
4. Assistant, engineering school	150 0 0
5. Lectures for school of agriculture and veterinary science	1,000 0 0
6. Lecturer on hygiene	250 0 0
7. Lecturer on music	250 0 0
	<hr/> £3,150 0 0

Mr. Service said he was pleased with the designs submitted. He thought the deputation had made out a very good case, and would endeavour to place £10,000 or £12,000 on the estimates to start with, for the Medical School at all events.

Since the date of the above deputation, the sum of £10,000 has been placed upon the estimates for additional university buildings, and £2000 by way of additional endowment for the year, and these items on the estimates have already been passed through the early stages in the Legislative Assembly.

MELBOURNE HOSPITAL.—At a meeting of the governors held in the Athenaeum on August 2nd, a new code of by-laws was submitted by the committee of management; the first of the proposed changes was as follows :—“The physicians and surgeons shall be elected by a body hereinafter called the electors, consisting of the committee of management of this hospital, the council of the University of Melbourne, and all doctors of medicine and masters of surgery who are members of the senate of the University of Melbourne being governors of the hospital. No elector shall have more than one vote, and such vote shall be given by ballot according to a system of preferential voting to be agreed upon by the committee.” The meeting was a most disorderly one; the proposals of the committee were received with marked disfavour and were rejected by a very large majority.

HOSPITAL ON UNIVERSITY GROUNDS.—Communications have passed between the council and the committee of the Melbourne Hospital, with respect to the erection of a subsidiary Hospital on the ten acres of the University Reserve lying at the junction of Grattan and Madeline Streets.

BEQUEST TO THE UNIVERSITY.—The will of the late Mr. J. D. Wyselaskie, of Wickliffe, includes a bequest of £12,000 to the Melbourne University for the establishment of scholarships in various specified subjects, including Natural Science and Modern Languages.

SYDNEY HOSPITAL.—The directors are applying to the Colonial Secretary for an instalment of £50,000 towards the new buildings; they have already expended £70,000. But the Government is apparently disposed to scrutinise the plans of the new buildings very closely, and apparently work will have to be suspended till this has been done.

SYDNEY UNIVERSITY.—A deputation of the professors of the Sydney University waited upon the Minister of Public Instruction on the 3rd inst., to urge the necessity for the immediate application of the sum of £20,000 voted by Parliament for additional buildings in connection with the departments of medicine, natural science, engineering, and modern languages. Dr. Badham pointed out that the present accommodation was totally inadequate to the wants of the classes at present carried on, and that additional classes were now being established on various subjects of the medical and scientific school. The necessity for increased space was therefore urgent. Professors Liversedge, Gurney, and Anderson Stuart also spoke on the subject of the inefficiency of the present accommodation. Mr. G. H. Reid expressed his pleasure at receiving a deputation from the University, which he fully recognised as the crown of the whole educational system of the colony. He admitted the urgency of new buildings, and promised to hurry on the necessary work.—*Argus*.

ADELAIDE HOSPITAL.—We regret to learn that the surgical wards of the Adelaide Hospital are in a very insanitary state. It is under consideration whether they should not be unoccupied for a few days.

The profession in South Australia has sustained a serious loss in the death of Dr. Gosse, the Warden of the University of Adelaide, and President of the Central Board of Health.

SOUTH AUSTRALIAN BRANCH OF THE BRITISH MEDICAL ASSOCIATION.—We have received a copy of the proceedings of the Branch at its July meeting, including papers on the treatment of hip-joint disease, and on a case of successful operations for meningocele and imperforate anus. The list of pathological specimens exhibited is large and interesting, and there are some well executed drawings by Dr. Dunlop. The reports are altogether terse and pointed.

CALF LYMPH VACCINATION.—The following are the recommendations of the Central Board of Health expressed in a formal report to the Chief Secretary:—(a.) That a central office in Melbourne under their direct control should be procured, at which a medical man, who should also have charge of a calf-lymph dépôt, should attend daily, and vaccinate, free of charge, from either humanised lymph or calf lymph, as may be desired. (b.) That this medical officer should take means to cultivate, at the dépôt, a regular supply of calf lymph vaccine, for distribution through this office (as at present in the case of humanised lymph), to the general body of public vaccinators and the medical profession throughout Victoria. The services of this medical officer would also be occasionally required to inspect the vaccination throughout the colony when specially ordered by the board. (c.) That the present Vaccination Act should be so altered as to require private medical practitioners to produce at least three vesicles, and that deputy registrars shall refuse to register any certificate of vaccination which does not affirm that at least three vesicles with distinct areolas have been produced.

The following is the report furnished by Dr. Penfold, of Sandhurst, to the Central Board, embodying his views and experience concerning vaccination with calf-lymph :

“ To the Members of the Central Board of Health, Melbourne.

“ Gentlemen,—I have the pleasure to respond to your invitation for a general report of my twelve months' experience of vaccination from calf-lymph, cultivated by myself at Sandhurst, and will now reply to your points *seriatim* :

“ 1. As to how long the lymph will keep.—I cannot fix the longest possible limit, as my practice is to vaccinate one or more calves regularly every week, so as to insure a continuous supply of fresh lymph. From my notes, however, I extract the following :

“ “ October 11, 1882.—Vaccinated a white calf with lymph from National Association for the supply of pure vaccine lymph, London, bearing date August 24, 1882. Seven weeks previously, two tubes and about half a bottle of “pomade” were used. At the same time vaccinated another calf with a dried vesicle prepared in the way detailed as below, in answer to second point, October 18.’

“ The seven weeks' old lymph has not taken effect while the prepared vesicle not more than two weeks old has been successful. In order to further test this, I vaccinated same day the former animal with lymph taken off the other calf successfully vaccinated, with the result of perfect success, proving that the seven weeks' old lymph had lost its efficiency. Again :

“ “ Vaccinated a calf August 30, 1882. Removed dried vesicle September 11, and used some successfully daily up to September 21 for children.’

“ I am now making some experiments to test this question, and also to endeavour to preserve the lymph.

“ 2. *Modus operandi*.—I. on the calf ; II. on children.

“ The animal chosen should be in good health as far as can be judged by its appearance, &c., the eye being bright, the bodily movements lively, the coat

fairly smooth and clean, the appetite good, and the evacuations of proper appearance. As to sex.—When very young animals are used there is no objection to using bulls as well as heifers, there being no more difference (so far as sex is concerned) than would be in infant boys and girls. Age.—Four to six weeks is a convenient age, as the animals are small enough to be easily under control; but when milk must be bought it is rather expensive, as each animal requires eight or ten quarts daily of milk, feeding with bran, pollard, or oatmeal being not suitable, although often made use of. When seven or eight months old the animal will feed itself on grass or hay, bran and chaff, oatmeal or pollard, with water; but more assistance will be required to overcome the strength of these larger animals. During the day the calves should run in a small paddock if possible; but at night, at any rate in the winter, they must be placed under cover with plenty of warm bedding.

“The surface for vaccination being ready, needles set in a handle may be used deep enough to see slight furrows, but not necessarily drawing blood. This should be repeated at about 1½ in. interval. The lymph, moistened with a little glycerine and water, about equal parts of each, may now be patted gently into the furrows with a bone or blunt metal point, spending several seconds over each scarification, and using plenty of lymph when procurable, and when all are done begin again, using the point with or without lymph this time. The animal should be provided with a wooden collar consisting of short strips of wood strung together on a cord to prevent it licking and spoiling the vesicles, which it is apt to do if not thus prevented. If the inoculation is successful, the eruption comes out about the fourth or fifth day in the form of a flattish, raised surface, appearing where the scratches were made, the surface gradually rising, and becoming more or less curdy by the eighth day. If a shielded vaccinating instrument were used, or small lancet stab made, a more or less perfectly umbilicated vesicle will result, but generally the edges of the eruption are abruptly rounded, milky-white in colour, and enclose or merge into a comparatively flat or slightly concave brownish surface, covering as much space or more than was scratched over. Generally a fine-tinted rose-pink border is visible on the sixth or seventh day. The lymph may be used as soon as it appears, say the fifth day, and a table will be found convenient for the small calves. I use a kitchen table 4 ft. 6 in. by 3 ft. by 2 ft. 6 in. high, with a few holes bored in the top, and a square prop let into one end. The animal is laid on the table in a comfortable position on its side. The tail and upper hind leg are fastened to the prop, and the rope passed through the holes in the table, the rings of the hobbles and of the head-stall, so as to keep the animal perfectly quiet. A bone or blunt metal point may be used to remove the lymph, care being taken not to draw blood, and it is generally best to direct the point towards the centre of the vesicle more or less horizontally. If clear lymph exudes, it can be stored in ordinary capillary tubes, if not wanted for immediate use. If curdy at this time, the lymph may be mixed with dilute glycerine, on a flat glass, or left to dry on the point spontaneously, under cover, or a little of the lymph may be collected on a point, and being covered by another point it may be stored in this way. About the tenth day the vesicles are dry, and if loose, can be picked off whole then or a few days later on. Wash the dry vesicles at once in a little warm water to remove any moist discharge (lymph pus) or dirt, and preserve dry or leave them soaking in covered watch glasses, with glycerine one part and water one part. So as to exclude

the air, they should be kept under the fluid. Ordinary thin microscopic glass, pressed firmly down, will accomplish this. The dry vesicles and the points are best kept wrapped tightly up in gutta-percha tissue, and stored in a cool, dry place.

"II. On children.—The children being near, but preferably not in the same room as the calf, the lymph may be removed and mixed with a little glycerine and water, if not sufficiently fluid. A shielded vaccinator, or needles set in a handle, making a round scarification about the size of a shirt button, may be used for infants. Four or five places may be done in the usual situation, and when inspected a week subsequently no lymph should be removed, but the vesicles should be allowed to dry and drop off by themselves. If bone points are used, an uncharged point should first be dipped in warm water, and the charged ones moistened with it until the lymph is softened; then make the scarifications, and pat them gently with the charged points till a small delicate wheal results.

"3. Whether points or tubes?—As before stated, I generally vaccinate direct from the calf. If not, then from dried vesicles, which have been preserved in glycerine or from points. I have also used tubes, when known to have been removed only a few days from the animal.

"4. Are the results more violent?—No, but more satisfactory; the vesicles remain on longer—three weeks or a month, as compared with eleven to twenty days' sojourn of 'human' vesicles. The cicatrix is more clearly defined and foliated, and looks as if a piece had been cleanly punched out of the skin.

"5. How many have been so vaccinated?—One hundred and thirty-five have been done by me up to July 31, 1883; but I have every reason to hope that this number will be increased in the near future.

"6. About half of these (my earlier cases) were done from soaked vesicles, nearly all my later cases have been vaccinated directly from the calf.

"7. I have the pleasure to enclose ten points and two photographs, the latter showing the position of the animal and the method of fixing it, and also the vesicles. The points were charged from this calf.

"I have the honour to remain your obedient servant,

"Sandhurst, August 3, 1883.

O. PENFOLD."

BIRTHS.

LAWRENCE.—On the 23rd ult., at Brunswick Street, Fitzroy, the wife of Dr. Lawrence of a daughter.

SWEETNAM.—On the 7th inst., at Mortlake, the wife of W. F. Sweetnam, M.D., of a daughter.

THOMAS.—On the 26th ult., at her residence, 57 Colombo-street, Christchurch, N.Z. the wife of Dr. W. Thomas, of a daughter.

WATKINS.—On the 17th inst., at Sunbury, the wife of Dr. Watkins, of a daughter.

MARRIAGES.

LAWRANCE—DOBBYN.—On the 19th ult., at Beechworth, by the Rev. W. C. Howard, R.D., Canon, Norman George, eldest son of the late James Lawrance, Melbourne, to Emma Blanche, second daughter of Dr. W. A. Dobbyn, J.P., Beechworth. No cards.

MOORE—FOX.—On the 18th ult., at Church-street, Beechworth, by the Rev. J. G. Mackie, E. N. Moore, of Benalla, to Josephine, youngest daughter of Dr. H. T. Fox, of Beechworth.

SKINNER—COUTTS.—On the 16th ult., at the residence of Dr. Fishbourne, Moonee Ponds, by the Rev. J. G. Mackie, M.A., Beechworth, David Skinner, M.A., M.B., C.M. Beechworth, to Minnie Morton, only daughter of the late Mr. John Coutts, Kincardin, O'Neil, Aberdeenshire.

ZICHY-WOJNARSKI—ROBERTSON.—On the 26th ult., by the Rev. W. H. Scott, at Connemarran Station, the residence of Mrs. (Colonel) Dundas Robertson (grandmother of the bride), Dr. Stanislaus Emil Antony, of Ballarat, eldest son of George Gustave Zichy Woinarski, of this city, to Flora (Teeyah), only daughter of the late Henry Dundas Robertson-Bengal Civil Service. English and Indian papers please copy.

DEATHS.

BATEY.—On the 24th ult., at Lake Rowan, Elizabeth Penelope, the wife of W. N. Batey, and third daughter of the late E. S. Maxwell, Esq., M.R.C.S., England.

DOYLE.—On the 5th inst., at St. Margaret's, Richmond, Michael Parnell, second son of Elizabeth Mary and the late Dr. Doyle, of Kyneton, aged 1 year and 10 months.

GOULD.—On the 18th ult., at Woolongong, N.S.W., at the early age of 34, James Emery Gould, M.R.C.S., L.R.C.P., L.M., Edinburgh and London.

NICHOLSON.—On the 19th ult., suddenly, at Claireville, Were Street, Brighton, the residence of her brother-in-law, Mr. T. L. Cornwall, Miss Elizabeth Rose Nicholson, youngest sister of the late Dr. Nicholson, Ballarat.

PEGUS.—On the 30th ult., at his residence, Greville Street, Prahran, in the 41st year of his age, Dr. William Thomas Pegus.

WALKER.—On the 3rd inst., at his residence, Alfred-street, Hotham-hill, Frederick William Walker, fourth son of Thomas Dixon Walker, surgeon, and brother of the late Dr. Walker, of Sydney, and brother of late Captain E. M. Walker, of Melbourne, Hurworth-on-Tees, Durham, England. Home papers please copy.

PUBLICATIONS RECEIVED.

The usual exchanges have been received; and, in addition, Heneage Gibbes on Practical Histology and Pathology; Roberts' Medicine, new edition; Manson on the *Filaria Sanguinis Hominis*; Coats' Manual of Pathology.

THE
Australian Medical Journal

SEPTEMBER 15, 1883.

Original Articles.

RECOVERY OF SIGHT AFTER AN INJURY OF
LONG STANDING.

By MR. AUBREY BOWEN, M.R.C.S.

The following case, which occurred in my practice, is instructive as showing perfect recovery from a marked sympathetic irritation in an injured eye, and the subsequent recovery of good sight in what was considered a useless one.

J. H. T., æt. 20, a healthy young man, for some time apprenticed to an engineer, was admitted to the Eye Hospital in June. He stated that fifteen years ago, when a child of five, whilst he was unlacing his boot with a fork, his hand slipped and the fork penetrated his right eye. The sight was lost, but the wound soon healed up. Two years afterwards, Dr. Berncastle operated, without chloroform, for what he stated was cataract. The eye remained painful and inflamed for eighteen months afterwards, and at the end of this time he was just able to perceive shadows. The sight was now considered lost, and nothing further was thought about the matter. In February last, whilst chipping a piece of angle-iron, he was struck on the left eye, and the sight was completely lost. He was admitted to the Melbourne Hospital, where he remained about eight weeks; he then attended the Eye Hospital, at which institution I first saw him in April. After having been seen several times during the course of three weeks to a month, I noticed that the right eye commenced to show marked signs of sympathetic irritation. I suspected the presence of a foreign body, and therefore removed the left eye. On examination, a piece of iron chip was found in the centre of the eye, surrounded by lymph. The right eye now slowly improved, and I determined, in consultation with Mr. Bernays, to operate on it as soon as all signs of irritation had subsided. The eye was fairly sensitive to shadows, but the field was somewhat deficient in the region of the original injury (which was plainly visible). The iris had undergone changes from lymph effusion, and an opaque capsule covered the pupil, which was of an irregular shape. The eye now seemed sufficiently recovered to

allow of his admission for operation. Unfortunately a severe attack of conjunctivitis commenced, which caused considerable delay. However, in July, I divided the capsule (which proved exceedingly tough from lymph, &c.) with two needles. The eye made an excellent recovery, and he now reads with a $2\frac{1}{2}$ -inch lens, No. $1\frac{1}{2}$ Snellen, with ease.

DIPHThERITIC PARALYSIS.

By JAMES JAMIESON, M.D.

*Lecturer on Obstetrics and Diseases of Women and Children,
Melbourne University.*

The fatal case of paralysis following diphtheria, recorded by Dr. Snowball in the July number of the Journal, is of considerable pathological interest. A case which has recently been under my care, possessing somewhat similar features, but ending favourably, may be worth putting on record. It was that of a young man of about twenty years of age, who, when in the country, had a very mild attack of diphtheria. It was of short duration, and probably would have excited little attention, but for the fact of children in the house having the disease in a severe, and in one case fatal, form. He came to town, chiefly because the medical man who saw him expressed the opinion that there was a danger of the supervention of paralysis. On what grounds the opinion was arrived at I do not know, unless simply that paralysis is not a very uncommon sequela of diphtheritic attacks, whether mild or severe. I saw him on June 3, a few days only after his apparent recovery. There were no remains of throat affection, and he said that, as a matter of fact, he had not, at the worst, had much difficulty in swallowing. Certainly, when I saw him there was no difficulty of deglutition, no nasal or other change in the voice, and no defect of accommodation, squinting, or other abnormality of vision. Neither was there any loss of strength, or loss of sensation of any part of the body. I ventured to express the opinion that there was no special reason to fear the inroad of fresh symptoms, and he went to Mordialloc for a change. After he had been there a few days, and had walked about a good deal, and much more than he was accustomed to do, he began to complain of weakness of the legs. I saw him again after his return, on the 21st, and found him exhibiting distinct signs of paresis of the legs, with numbness of the feet, especially felt on standing, and absence of patellar reflex. He had, none the less, good

power of resistance against efforts to flex or extend the legs. He became steadily worse, the paralytic symptoms extending to the arms, but no eye or throat symptoms ever manifesting themselves. I prescribed iron and strychnine, which was not long continued, the main treatment consisting of massage in its various modes. His general health continued good, and in the beginning of the present month he was far advanced towards recovery.

There is still much uncertainty about the pathology of diphtheritic paralysis, but the symptoms seem to point to the spinal cord as the seat of the disease, at least in cases where the affection does not remain limited to the apparatus of deglutition. The disease with which it has most analogies is locomotor ataxy, though of course there are also marked differences. Though Abercombie and others claim to have found distinct signs of degeneration of the large motor cells in the grey matter of the anterior cornua of the cord, it is not easy to believe that there can frequently be any considerable lesion of these delicate and important structures. Complete recovery is too frequent, and too rapid in most cases, to allow of the supposition that there is often anything more than some derangement of nutrition from vascular disturbances. Some years ago Oertel explained some, if not all, cases of diphtheritic paralysis, as due to plugging of small vessels of the cord with masses of micrococci, but I am not aware of his observations having been confirmed. Whatever the intimate pathology of such cases may be, it does not seem as if their course can be much influenced for good by active treatment. Both this case and Dr. Snowball's show how common it is for cases, primarily mild, to manifest this unpleasant complication, and also how difficult it is to form an accurate prognosis as to their ultimate course and duration.

Medical Society of Victoria.

ORDINARY MONTHLY MEETING.

WEDNESDAY, SEPTEMBER 5TH, 1883.

(Hall of the Society, 8 p.m.)

Present : Dr. James, Dr. MacGillivray, Dr. Bowen, Dr. J. P. Ryan, Dr. Graham, Dr. W. B. Walsh, Dr. Fishbourne, Dr. Jas. Robertson, Dr. Neild, Dr. Girdlestone, Dr. Bird, Dr. Bennie, Dr. Lewellin, Dr. Allen, Dr. Jamieson, Dr. T. N. Fitzgerald, Dr. Webb and Dr. Fyffe.

BB 2

The President, Dr. James, occupied the chair.

The minutes of previous meeting were read and confirmed.

Dr. ALLEN gave the following notice of motion, to be taken up at the next ordinary meeting :

"That in the 4th line of Rule 2, the following words be omitted :

"Three Editors of *The Australian Medical Journal*,"
and that a new Rule 4A be created as follows :

"The *Australian Medical Journal* shall be the organ of the Society ; it shall be conducted by an Editor and two Departmental Editors ; the Editors shall be appointed annually by the Committee as soon as possible after the Annual Meeting. The Editors shall be *ex officio* members of the Committee of Management."

Immediately afterwards a special meeting was held, in accordance with notice given, to consider certain proposals on the part of the Chief Secretary, to effect important changes in the management of the lunatic asylums.

The SECRETARY presented the following report from the Committee on the subject :

"The Committee of Management desire to bring under the notice of the Society the following extracts from an article which appeared in the *Argus* of Tuesday, August 21st, under the heading 'Administration of Lunatic Asylums.'

"(1.) The report of the board appointed to inquire into the organisation of the Sunbury Lunatic Asylum, published on the 11th inst., has induced the Chief Secretary to consider the whole question of the administration of hospitals for the insane. He has been in consultation with Dr. Dick, the inspector of all asylums, and superintendent at Kew and Yarra Bend, and has drafted a scheme of improvement, of which the principal portions are here referred to. In the first place he decided that Dr. Dick should be inspector alone, and that he should relinquish any immediate connexion with the institutions mentioned. In his future position he will be required to inspect every asylum in the colony at least once every three months, and furnish a report of his visits to the Chief Secretary. Under this new arrangement Mr. Berry contemplates being able to dispense with the boards of official visitors, who receive fees for attending at the different asylums, and to secure the services of gentlemen who will be

honorary visitors. The functions of the paid boards will, he considers, be efficiently discharged by the inspector.

“(2.) Another prospective amendment in the system is the appointment of lay superintendents where suitable persons for the position can be obtained. The law at present requires that the superintendent must be a medical man, and if Mr. Berry decides that this change shall be made, he will have to obtain the sanction of Parliament.

“(3.) The status of head warders will undergo some change. It has been found that the system under which they have been appointed does not secure them sufficient independence, and that when promoted from subordinate positions their authority is not generally respected by those with whom they were previously equal. With a view of strengthening the lay power in the management of the institutions, Mr. Berry has determined that, for the future, head warders shall be selected from outside the department, or if no suitable person can be found, excepting in its service, that a man shall be transferred from some other asylum than that in which the vacancy occurred.

“And elsewhere in the article, it is stated, in reference to the Sunbury Asylum, that ‘A matron and head warder will be appointed to the institution, some persons now outside the service to be selected for the positions.

“(4.) The mode of appointing warders and attendants is also to be changed, and the police system is to be substituted. Applications are to be invited from time to time for a certain number, and the names of the applicants will be duly registered. They must pass a reasonable examination and a health test, and then if more than the number required remain, lots will be drawn who shall be enrolled for employment. When they have been thus reduced, appointments from the list will be made in rotation to vacancies as they occur. When any officer becomes incapable of performing duty the superintendent must report the fact to the inspector, who shall make an independent inquiry, and if he satisfies himself that the person in question is unfit for duty he or she must retire, the inspector's decision in all cases to be final.

“(5.) When opportunity occurs, Mr. Berry intends giving full consideration to the question of boarding out harmless patients. In order that this new departure may be made, it will be necessary that the law should be altered, and it is not anticipated that this can be done during the current session. He thinks, however,

that none of the inmates at Sunbury can be included in that class of patients who could be boarded out.

"With reference to extracts 1, 3, and 4, *i.e.* the abolition of the paid visiting staff, the appointment of head warders from outside the service, and the appointment of ordinary warders and attendants under the police system, it is stated that 'These are the general improvements upon which Mr. Berry has resolved, and where necessary new regulations will be framed to give effect to them.'"

The PRESIDENT, in introducing the subject said :

Gentlemen, I have to call your attention to-night to, and request your serious consideration of, a subject of grave importance. By a notice which appears in the *Argus* of the 21st ultimo, it appears that it is proposed by the Government to make a radical change in the management of our asylums for the insane, by appointing untrained laymen to the chief personal care of the lunatics, instead of promoting to those posts such attendants as the medical superintendents, from personal observation, shall find most fit and apt for those positions. I need hardly say that such a course is, I believe, unknown in England; the care of those afflicted with this dire malady is considered at Home, as it justly should be, a sacred duty, confided only to those trained under medical men of high character and position, and the judge himself can only commit the lunatic to custody on the evidence of two members of our own profession. It would seem then that the chief warders of these institutions should be trained under the eyes of the medical superintendents, who would know their characters and capabilities; but the proposal of the Government, as I understand it, from the statement in question, is to take the chief warders from outsiders, and not to promote the trained employes of the asylums, however good and experienced they may be; thus shutting out all hope of promotion from the lower ranks of the attendants, and stamping out all zeal, ambition, and emulation, leaving only a dreary, monotonous, and hopeless duty to be performed. But I cannot do better than read you an excerpt of the proposal from the notice itself, as already given in the Committee's report: "The status of head warders will undergo some change. It has been found that the system under which they have been appointed does not secure them sufficient independence, and that when promoted from subordinate positions

their authority is not generally respected by those with whom they were previously equal. With the view of strengthening *the lay power* in the management of the institutions, Mr. Berry has determined that, for the future, head warders shall be selected from outside the department, or if no suitable person can be found, excepting in its service, that a man shall be transferred from some other asylum than that in which the vacancy occurred." It thus appears that the trained warder is never to be promoted to the post of chief warder, however good he may be, unless a person cannot be picked up by the Government from outside; and the medical superintendent's knowledge of his subordinates is, in this way, to be set aside, and his recommendations ignored, so that he can give no encouragement to any warder for attention to his duties, and is powerless to help those whom he is supposed to command. But, gentlemen, I fear there is even a more serious innovation in contemplation, and that is the removal of all medical men from the appointment of superintendents of the asylums, and placing the charge of these institutions in the hands of laymen, so that the medical man will be a secondary person in the establishment. The whole tenor of the notice in question leads me to this conclusion, as I think it will you on attentive perusal, and although it is carefully and cleverly worded, I believe the final paragraphs, which I will read to you, are a key to the whole, and if so, it behoves this Society to speak out plainly and at once, so that the relatives and friends of the afflicted may be warned what is likely to befall them. "Another prospective amendment in the system is the *appointment of lay superintendents* where suitable persons for the position can be obtained. The law at present requires that a superintendent must be a medical man, and if Mr. Berry decides that this change shall be made, he will have to obtain the sanction of Parliament."

Now, bearing in mind that philanthropy and humanity alone demand that the tenderest care should be bestowed upon these helpless and afflicted people, and further that it is the privilege and duty of our calling to jealously watch over the interests of those who cannot guard themselves, I submit the proposed changes, as set forth in the notice, for your consideration, and invite your opinions.

Dr. BOWEN proposed the following resolution :

"That in the opinion of this Society it is of vital importance to the proper working of our Asylums for the Insane, that a

periodical inspection should be conducted by experienced medical men, in conjunction with an equal number of lawyers, all of whom should be wholly independent of the working staff of the Asylums; that such inspectors should hold salaried appointments; and that the times of such inspections should be left at the discretion of the inspectors, the number of annual visits only being provided for by law, but that such visits should not be less frequent than once in each month."

In supporting it he said: Mr. President and Gentlemen,—The resolution now read to you is, to a great extent, a mere description of the system followed in England. It was there found that the appointment of inexperienced and unpaid inspectors was simply the creation of so many agreeable sinecures; and, as the officials were generally prepared for the visit, the inspection was of no practical utility. In fact it was little better than none at all, as it permitted numberless abuses to be carried on with impunity. The nominal inspection lulled the public into a false sense of security, and it was only when some flagrant act of cruelty was from time to time disclosed, that public attention was aroused. It was found necessary to entirely alter the system, and the present method of inspection, which has worked most admirably, was then inaugurated. The Lunacy Commission consists of three medical men and three lawyers, each in receipt of £1500 a year, with necessary clerical assistance. Their duties are to make periodical visits at uncertain times to the various asylums, no previous intimation having been given of such visits, and there and then to make a searching investigation into the entire working of the institutions, their large experience enabling them at once to detect any failure of management. A careful record of each visit is preserved. It has been found that the legal in conjunction with the medical element has worked most harmoniously, and we see no reason why this excellent system should not be adopted here. In many English asylums there is also an Honorary Committee of Visitors, and such a body is found to be of benefit in controlling the minutiae of the management, without in any way superseding the duties of the paid staff of inspectors.

The motion was seconded by Dr. ALLEN, who said that every position involving important duties and responsibilities should have an adequate salary attached to it, and the duty of an inspector of lunatic asylums was of no small importance. Right inspection of these institutions was an absolute necessity. With-

out it there would be no real safeguard against improper admissions and detentions, and no adequate security against cruelty and all forms of mismanagement. It was not right or safe to leave supervision entirely in the hands of members of the ordinary staff, and no mere board of honorary visitors could be expected to perform the work in a satisfactory manner. Inspection by such unpaid and non-professional visitors might have its own points of usefulness, but could be no substitute for that done by the members of a duly-trained and properly-paid board. Of that he thought there could be no doubt.

The motion was then put to the meeting and unanimously agreed to.

The second resolution was proposed by Dr. JAMIESON :

"That, as the inmates of asylums for the insane are detained with a view to curative treatment, it is essential that the supreme control of each asylum should be placed in the hands of a medical man, who alone can determine what conditions are best fitted to promote recovery. The proposal to appoint lay superintendents is contrary to the practice followed, not only in Great Britain, but in all civilised countries, and, if carried out, is calculated to interfere with the attainment of the great end for which such institutions are founded."

He said that great persistence had been shown by the Chief Secretary in connection with this question of the management of the asylums. When in power, a few years ago, he proposed placing them under the control of lay superintendents, and would doubtless have done so but for the state of the law. It was inconvenient, apparently, to ask Parliamentary sanction at that time, and the matter had to be abandoned ; but a step in that direction was taken in the appointment of Mr. Castieau to inspect and report on these institutions. That report, like many others, was received and forgotten. Now, however, Mr. Berry, as a member of a strong Government, apparently anticipates no difficulty in getting his proposals agreed to, and intends to have the law altered so as to allow the change he wishes to be made. The cry, no doubt, is the old one of economy, and it may be admitted that the expenses of the Lunacy Department are heavy. But they are heavy because of the almost indiscriminate way in which insane persons are adopted as State pensioners, and because of the abuse of political patronage, whereby inefficient persons are forced into the service

and retained there in spite of the objections of their superior officers. Economy might be largely exercised in these directions with nothing but benefit. But when the question is of altering the whole system of medical supervision, the case is altered. It is matter of experience, painfully acquired in England and elsewhere, that efficiency, without which there can be no real economy, can be got only by placing lunatic asylums under the supreme control of duly-qualified medical men of special training and experience. These institutions are not mere places of detention, but hospitals for the treatment of a particular class of diseased persons, and in so far as they fail in effecting cures, they fail of the chief end of their existence. Even more than in other special, to say nothing of general, hospitals, it is important that the medical officer in charge should not be hampered or interfered with in settling all the details of the domestic economy of the institution. In the management of lunatics less depends on the mere administration of drugs, or even on suitable diet, and more on regulation of all the habits of patients. It is essential, therefore, that all the arrangements, internal and external, should be such as to favour the restoration of mental and bodily health. Can it be supposed that the supreme object, constantly kept in view, will be this of cure, if the medical officer is subordinate, or even liable to have his directions altered or neglected by a lay officer, appointed for the purpose simply of saving money, or of carrying out some crotchet of a self-sufficient politician, temporarily in possession of place and power? Whatever other motives may be at work in leading to this proposal, the ostensible object is economy. On no other ground can it be justified, since it cannot be supposed that benefit is to accrue to the patients from the introduction of a system, which places many matters in connection with their management in the hands of an official who need not have the slightest knowledge of their requirements. But, supposing there should be a slight saving, and even that is not likely, if the proper strength of the medical staff is kept up, and the services of a man of ability and intelligence as lay superintendent have to be secured and adequately paid for, that saving may only be in name. A little more garden produce might be grown, or a rather smaller amount of stores consumed; but if the recovery of many patients was retarded, and of a few wholly prevented, the supposed gain might be a real loss. The results of treatment in Victorian asylums had on the whole been satisfactory. In the

ten years ending 1881 the percentage of recoveries on admissions was a little over 42, while in Germany it is 31, in France 33, in England 39, in Scotland 42, in the United States 47, and in Ireland 48. The Victorian results, then, though fairly satisfactory, could not be much boasted of, and certainly would not be improved by the adoption of Mr. Berry's proposals. It would be better to make the position of medical officer to an asylum more attractive, so that there might be fewer changes, and that the services of men of ability might be got and retained. The success which has attended Mr. Berry's endeavours to improve the administration of the Lunacy Department has not hitherto been so great as to encourage the hope of striking benefits resulting from his new proposals. The Sunbury Asylum was one of his pet projects. It was to show how things could be done at a trifling cost. And what have actually been the results? Little else than cruelty inflicted, injustice done, and the whole community scandalised. It is not too soon for this Society to protest against more crude and ill-advised schemes, and to take all right steps to prevent their adoption.

Dr. J. P. RYAN seconded the resolution in a few words, saying that the experience of all countries, in which lunacy was properly studied and treated, was that lay superintendence is unsuitable, and that the responsible head must be a medical man with proper training and other qualifications. He thought the frequent changes in the medical staff of the Victorian asylums, and the consequent necessity of promoting comparatively new men to the position of superintendents, might prevent the attainment of the best possible results; but the remedy was to make salaries and allowances better, and so retain the services of those best fitted for the work. In support of the motion he read an extract from the excellent *Report on Lunatic Asylums*, by Dr. Manning (p. 102):—"The physician of every asylum should be superintendent and chief executive officer of the establishment. He should have entire control of the medical, moral, and dietetic treatment of the patients; the power of appointment and discharge of all attendants and servants; and exercise a general supervision and direction of every department of the institution. He alone should be responsible to the governing body for the state and condition of every part of the institution, and he should be the recipient of all their orders. The importance of an undivided authority can scarcely be over-rated, The medical, moral, and general treatment

of the patients are so intermingled that it is impossible to separate one from the other. The ordering of work—and work, too, of a particular kind—is frequently of as much importance as the ordering of medicine to the inmates; and the physician must feel his hands tied, when the direction of such work, as well as the mere medical remedies, are not immediately under his direction. Every asylum is, and should be, one great whole. Its attendants and servants, its farm and gardens, its pleasure grounds, its means of amusement—even its furniture, its table service, and its food—are all part and parcel of one system of treatment; and to secure harmony, economy, and successful results, every one of these must be under the same general control. Everything has some direct or indirect connection with the patients, and should tend in some way to their restoration to health. The whole arrangement of the institution being under the superintendence of the physician, its success will be a matter of pride and interest; and if anything should go wrong, on him will be placed the responsibility.”

Mr. GIRDLESTONE, speaking in support of the motion, said that the question of medical *versus* lay superintendence perhaps concerned those present very little personally, but as guides of public opinion on such matters they were called on to express themselves. The public, as a matter of fact, do not know how insane persons ought to be treated. But it was necessary to see that persons deprived of their liberty, and shut up in an asylum for the public safety, should be properly cared for, and none, surely, were so well qualified as members of the medical profession to give an opinion on that point. He could not understand how anyone, in the position of minister to the Crown, could think of lunatics being under the control or treatment of persons not duly qualified in medicine. It looked like a return to the times, supposed to be gone by, when cruelty and violence were the rule in the management of lunatics. That old and evil system had been put an end to by the efforts of members of our profession. How could Mr. Berry conceive that a disease, which insanity is, can be treated otherwise than medically? Treatment is simply made up of the entire management of such cases, as every one present knew; and the public must be properly informed on this question. He could not but feel astonished that, in an enlightened community, such a proposal could be seriously brought forward. If economy were talked of, it must be insisted that economy is a secondary matter; the one object aimed at is cure, and cure at whatever cost may be

necessary. If the public mind was once clear on that point, then there would be no difficulty in reaching the conclusion that cure can be expected only under medical care and supervision. The Victorian asylums are not quite what they should be. When he visited Kew, he was struck by its dismal, cramped, comfortless aspect. Their unsatisfactory condition was owing to the mode of government. They should be taken wholly out of the hands of any political ministry, as it is mere matter of experience that nearly anything in the way of state institutions but the jails are badly managed. Bad as the asylums in some respects now are, the effect of the present proposal, if adopted, would be to make them go inevitably from bad to worse.

The resolution was then put, and unanimously agreed to.

The third resolution was moved by Dr. ROBERTSON :

"That the head warders in asylums for the insane should be men of experience and proved ability in the management of lunatics, and should be appointed and dismissed by the superintendent in charge, with the concurrence of the inspector of asylums."

In proposing it, Dr. ROBERTSON said :

The first part of this proposition, it appears to me, demands a ready assent. The lunatic asylums, of all institutions, require to be well officered—to be provided with capable men as head warders. A special training is absolutely necessary to fit men for such responsible and difficult duties, and indeed special mental characteristics are required. A man must be good tempered, kind and humane, but at the same time sufficiently firm to be able to exercise control over those under his care. It is imperative that he shall have gained experience in the management of the insane in some asylum, that he shall have given evidence of special knowledge of the habits and requirements of the insane, and shall have proved himself a faithful and trustworthy servant, before being appointed to the position of head warder. Naturally, you would expect that one who had gained experience as a warder, would be fitted by training for the position of head warder. It will also be readily allowed that the appointment of all warders, and more especially of head warders, should rest with the superintendent—the officer who is responsible for the proper management of the institution under his charge. He should not only have the power to appoint, but also to dismiss all subordinate officers, if proper order is to be maintained.

When the inspector is associated with him in the exercise of that power, it may be justly assumed that the power would not be abused.

We learn from the article in the public papers on the "Administration of Lunatic Asylums," that a change is contemplated in the mode of appointment of head warders—that instead of being promoted from subordinate positions, the head warders will in future be selected from outside the department. The reason assigned for this is, that when promoted from subordinate positions, "their authority was not generally respected by those with whom they were previously equal." This may possibly be true, supposing all the subordinates to occupy the same dull level of mediocrity, or when all are either very superior, or it may be very inferior, beneath mediocrity.

Usually, however, among those in the same rank one or more will be found who, by reason of superior knowledge and judgment, command the respect and esteem of their comrades, and may even be consulted by them in their difficulties. Yet, under the new *regime*, such would not be eligible for promotion to the position of head warders, so long as suitable persons (so-called) could be found outside the Department. But we further learn that the change in the mode of appointing head warders—the selecting them from persons outside the Department, is recommended "with the view of strengthening the lay power in the management of the institutions." I must confess I cannot understand the meaning of the terms "strengthening the lay power." Possibly lay power is used in contra-distinction to medical. It may be supposed that, as the medical element is predominant, it is desirable that its power should be curtailed.

While the study of insanity has of late years been rendered more and more imperative on medical men, so that they are better qualified for undertaking the management of asylums, it is not surely intended that the medical shall succumb to the lay element, that knowledge shall yield to ignorance in the management of our asylums. As in other Departments of the Civil Service, so in public asylums, the prospect of promotion should be held out, as an incentive to improvement and to the faithful discharge of duty. Promotion should be guided by length of service and merit. Take away the opportunity of rising to a higher position, by selecting the head warders from outside the Department, the warders will then be satisfied with a perfunctory discharge of duty; all emula-

tion will be at an end, and dull mediocrity will reign. The public asylums should not be made refuges for friends or political supporters of persons in authority. It is the duty of this Society—indeed of the whole profession—to protest against the proposed changes, and thus render a service to the state, and save the helpless inmates of our asylums from the tender mercies (that may be cruel) of inexperienced and possibly ignorant men.

The motion was seconded by Dr. M'GILLIVRAY, who thought that few words were needed after what had just been said. The plan proposed seemed actually to aim at securing bad treatment. No man was fit to act as head warder unless he had acquired experience of asylum treatment in all its details. It must be apparent, that the mode of appointment proposed by Mr. Berry could have no other effect than to lower the whole tone of the service. Duties were sure to be performed in a perfunctory manner when there was little or no hope of promotion. It might be that there was a show of reason in the statement, that a man promoted from the ranks of the ordinary warders would not be certain of having the respect of his former associates and equals, but it would depend greatly on the character of the man himself. The same system of promotion from the ranks holds in all other branches of the public service. An almost parallel case was that of the police, and there was nothing heard about difficulties in keeping up discipline among them.

The motion as put was unanimously agreed to.

The fourth resolution was to the following effect:—"That the power of appointing and dismissing warders and attendants should rest with the superintendent in charge, subject only to the concurrence of the inspector."

Dr. BIRD, in proposing it, said that this resolution had a close connection with the previous one, referring as it did to the appointment of attendants. When this whole scheme of Mr. Berry's was considered, it seemed as if we were going back to the barbarous and cruel times which most of us thought to be completely antiquated. It looked as if it were thought that any one was fit to be put in charge of lunatics; and, whatever the intention, the result would certainly be to get the places filled by persons who could secure political support. The public will find out the results of giving such positions to ignorant, incompetent, and therefore often cruel men. At present, even proved cruelty

and neglect did not subject a man to summary and condign punishment at the hands of the medical superintendent. He may be suspended, of course, but, though clearly culpable, may claim a board, perhaps consisting of members of Parliament by whose influence he had previously been foisted on the State as a worthless servant. Such a man should, on detection, be summarily suspended, with right of appeal to the Inspector of Asylums, but no further.

The motion was seconded by Dr. ALLEN, who said that there was a difference between the last two resolutions. It was important that stress should be laid on the mode of appointment and dismissal of ordinary warders and attendants. A warder has a great deal in his power, because he is constantly with the patients, while the medical officer can only see them occasionally. It may be that a warder is found to be guilty of cruelty, neglect, or, it may be, drunkenness, but it is often difficult to provide absolute proof. If so detected, punishment ought to be prompt, and the decision final. Dismissal should follow immediately, and there should be no hope of interposition. Now, when a warder is caught in some offence he is suspended; he claims a board and gets his political friends to help. The result not unfrequently is that a small fine is inflicted, and he is restored to his appointment. After that has happened several times, the superintendent gets tired of interfering to no purpose, small offences are simply overlooked, discipline becomes lax, and general harm results. The way out of the difficulty is to place all subordinate officers completely under the control of the superintendent, subject to an appeal to the inspector. In Mr. Berry's scheme there is a show of giving this power of dismissal; but it really only is in cases of physical disqualification, and this is not enough. When a warder or attendant shows himself, from any cause, to be unfit for his responsible position no elaborate process should be needed; there should be no appeal beyond the inspector.

This resolution, also, was unanimously accepted.

Dr. GRAHAM proposed the fifth resolution—"Whilst it is desirable that harmless lunatics should be boarded out, so as to promote their comfort, happiness, and health, great care should be exercised in the selection of suitable persons in whose charge they should be placed, and frequent official visitation must be secured in order to protect them from ill-usage or neglect. In the opinion of this

Society, this boarding-out should not be made a question of economy." He said: The boarding-out of some of the inmates of our asylums has been frequently urged on successive Ministries by the late inspector, Dr. Paley, but hitherto without success. In most countries of Europe it has been tried, with varying results, and in Scotland it has been more successful than in England. Out of 1741 lunatics boarded out in Scotland, 1338 were with relatives, the remainder being with strangers. The system does not work so well in England, and is not without serious evils, the occurrence of pregnancy in these boarded-out female lunatics being comparatively frequent. With females, therefore, the experiment will be attended with great risk. In a young country like ours, with a comparatively wealthy population too, the class with whom lodging and care are found in the old countries of Europe does not exist. The system adopted at Gheel, and so well described by "J.S." in the *Argus* a few months ago, might be attempted in Victoria. If a large tract of country was selected, and a township formed, it is possible that people might be got to take up land in the district, and utilise the labour of the harmless insane. At Gheel the colony has 11,000 sane to 1000 insane inhabitants, and, strange to say, although this system has been in existence since the 12th century, no other country has so far successfully established a similar one. This unique colony has no less than five physicians, and a staff of supervisors, with secretaries, to look after their welfare. The quiet cases only are kept out in the colony, the troublesome ones being sent to the asylum, which is in the township on ground belonging to the establishment, and there treated by the physicians, as in ordinary asylums, until their recovery, when they are placed on the same footing as other members. Should the boarding-out system not be tried, or be unsuccessful, it will then become a serious question for Parliament to devise some scheme to relieve the pressure on the present overcrowded asylums. During the decade 1870 to 1880, no less than 1199 lunatics were added to the insane population of this colony, being close on 120 per annum, a rate of increase which would require a new asylum every five years. This alarming increase has been so often brought before the Government by Dr. Paley, without receiving the attention it deserved, that the public should take the matter in hand without delay, and endeavour, by every legitimate means, to compel the Government to place the administration of the Lunacy Department

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under a permanent non-political Board, as in England. The evil agency of political patronage has done more to injure discipline, and retard the curative effects of treatment, than in any country in the world. We need only look back a few years, and see how Mr. Berry, when he was Premier, inundated the department with political partisans, to perceive that any alteration of the law, as contemplated by the Chief Secretary, will be attended with disastrous results to the unfortunate class who are unable to protect themselves, and who have got no representatives in Parliament to look after their interests. A more practicable method of benefiting these harmless lunatics would be to employ them in cultivating the lands attached to the asylum. The palatial edifice at Kew has over 400 acres of land, which is at present a wilderness, on which a few cattle are grazed. This land might be usefully cultivated and planted with trees, which in course of time would become valuable, even for firewood, thus affording the inmates one of the most important agents in their treatment. Employment relieves monotony; it abstracts the mind from dominant and frequently hurtful ideas, and it promotes health of body, whilst it would benefit the community at large, by reducing the expenditure upon articles of consumption which are now bought. Several of the asylums in England have large quantities of land under cultivation; and one private asylum in France, with 1400 inmates, has in cultivation over 1000 acres, giving a large revenue to the proprietors. If a permanent non-political Board was appointed to take charge of the administration of these institutions, a large saving to the revenue of the country would be effected, as the frequent changing of Ministries prevents the officers of the department from carrying out necessary works which may be urgently required.

The motion was seconded by Dr. FISHBOURNE, who said: Without referring to the latest reports my impression is that in England about 22 per cent. of the insane population are boarded out, in Victoria about 7 per cent. are so treated. Dr. Maudsley's statement that "the true treatment of the insane lies in the still further increase of their liberty" may now be regarded as an axiom.

The Scotch Lunacy Commissioners write thus: "Detention in an asylum is at best a grievous calamity, which necessity alone can justify, and which should be determined only by the conviction that it is really required for the good of the patient or the

safety of the public." The late Dr. Alex. Robertson, when Acting-Inspector of Asylums in this colony, wrote: "As it is well known that there are patients who not only recover sooner outside than they do inside asylums, it is certain there are others whose recovery is actually prevented by a long residence in an asylum, such patients have been called asylum made lunatics."

Dr. Paley proposed that some small weekly allowance should be given to those relatives of harmless and imbecile patients, or convalescents, who, although unable to support them, were yet willing to do so. In this country, however, the great majority of patients have no friends, and it seems hard that, on this account, many should be deprived of what may be the last hope of recovery. As a consequence a number of patients become "Asylum made lunatics," and the insane population increases by accumulation. Dr. Paley seemed to fear that, if boarded with strangers, patients would be liable to illtreatment or neglect; but if sufficient care be taken in the selection of persons to take charge of them, and with proper supervision, exercised by medical men accustomed to the insane, there need be no fear on that score. And here I may say that the principal security to the insane, both in and out of asylums, lies in constant and efficient inspection by intelligent, well paid officials of high character. Perfunctory inspections, at regular intervals, are worse than useless.

Again, as mentioned by Dr. Graham, there is a danger to imbecile young women, as well as of allowing an insane husband to cohabit with his wife, or an insane wife with her husband, and so increasing the insane population. Idiots of either sex should not be allowed to leave an asylum, which should be specially adapted for them. The boarding-out system will be advantageous also to those remaining in asylums. Employment, under proper supervision, is one of the best means of treatment, and, if possible, it is advisable that all patients should be employed according to their strength. Moreover, it is especially necessary that the recent and curable cases should be constantly employed. There are, however, large numbers of chronic cases in most asylums, persons who have been inmates for a length of time, and have become accustomed to the usual routine work. These patients are so efficient in their different places, that the officers have at times great difficulty in making the attendants interest themselves to find employment for the recent admissions. The attendants, as a rule, prefer to allow the older inmates to do the

work, as it is so much less trouble to themselves, rather than show the new cases how and what they are to do. The same sort of thing occurs with games and recreation of all kinds. In Scotland there is a clause in the Lunacy Statute, which tends to make it more easy for patients to be freed from the asylums. At the end of the third year of the detention of any lunatic, the superintendent is obliged to make a statutory declaration that his continued detention is necessary, either for his own or the public safety, and each succeeding year the same declaration must be made, or the order for his detention becomes void, and his further incarceration becomes illegal.

In Victoria, unless the superintendent can satisfy himself that a patient is so far recovered that he can go out into the world, and "commence afresh a struggle for life, with numerous disadvantages, in consequence of that cruel prejudice which attaches to anybody who has been insane, he is for ever consigned to imprisonment among a number of degraded beings;" whereas, could he but get a chance of mixing with his fellow men under favourable circumstances, he might become, and would probably remain, a useful member of society. In order to remove the prejudice in the minds of the people with regard to the insane, I would suggest that, at the commencement, only the best and quietest patients in asylums should be sent out—those, namely, who require little supervision, and who can and will work. At first, persons may be persuaded to take charge of a patient of this class from kind or philanthropic motives. They will soon find, however, that not the patient only, but they themselves, with very little trouble, have been the gainers. On economic grounds, moreover, the system deserves a trial. Independently of the benefit arising to the insane themselves, it can be shown that the boarding-out system would not only prevent the over-crowding of our already enormous asylums, but also check their increased extension. At least twenty per cent. of the inmates of the asylums could be maintained in cottages outside of the asylums with very little trouble; and even should it be found necessary to pay for their maintenance a sum equal to the average weekly cost per patient in the asylums, there would still be the saving of house-rent, and rooms and accommodation thus provided for more recent cases. Some lady visitors to the Kew Asylum, at my suggestion, induced Mr. Berry to allow an amount equal to the average weekly cost per patient in the asylums, to be devoted to

the maintenance of a few female patients, who were removed to the care of kind and sympathetic persons in the country. The experiment succeeded admirably. One notable instance will give some idea of the results to be expected. A lady, who had been some years an inmate, and was always considered highly dangerous, was, at my earnest desire, allowed a trial with a kind lady in a pleasant part of the country. Nothing could have been more exemplary than her conduct while on trial, and I am informed that she has now been discharged. While we must deprecate the idea of the boarding-out system being undertaken simply from motives of economy, I believe it will be found, if properly carried out, both economical and beneficial to the whole community.

Dr. ALLEN thought that too much stress could scarcely be laid on the point that economy is not the thing to be considered in boarding out lunatics. It should be taken for granted that, if it is to be well done, it must be more expensive than keeping such persons in large asylums. The question must be one of good or bad treatment, and that alone.

The resolution was put and carried, and the meeting came to an end.

Hospital Reports.

MELBOURNE HOSPITAL.

Case of Chyluria.

Under the care of Dr. FULTON.

Reported by Dr. HARBISON.

H. P., æt. 9, admitted 20th June, 1883. Patient states that he has been ill for two days. He first felt pain in his penis, which was increased on making water. He then felt a pain in his head and vomited on taking food; had no bleeding from the nose. He had pains in the right and left iliac fossa, and slight diarrhoea. He has felt drowsy from the commencement. He had typhoid fever about seven months ago.

On admission patient has a dull, drowsy look. His skin is hot and dry; temperature 103·6°; tongue coated and moist, breath foul, has an unpleasant taste in his mouth; appetite fair, no vomiting, has pain on swallowing solids; still has pain in the head. He has pain and tenderness in the right and left iliac fossæ; no spots on abdomen. Heart and lung sounds normal. Urine has a

very distinct milky color, with a thick cream like matter about $\frac{1}{4}$ -inch thick on the top. It has a foetid odour, acid reaction, sp. gr. 1020, $\frac{1}{2}$ albumen. Microscopically it contained numerous fat globules. No filariæ in urine or blood.

June 22.—Still has a drowsy look and is constantly dozing. Vomited twice yesterday after taking milk, and once this morning. Bowels open, stools dark. Urine dark, with flocculent precipitate, sp. gr. 1015. Still contains a little albumen.

June 23.—Urine acid, no albumen.

June 25.—Tongue clean and moist, bowels open, no headache. Is not drowsy.

June 29.—Complains of pain in the head. Looks duller and more drowsy. Vomited once last night. Bowels open, stools clayish. Urine dark coloured, with a thick mucoid deposit, acid, slightly albuminous. Microscopically it contained a few epithelial and blood casts, amorphous urates and a few fat corpuscles. No filariæ in blood, but still marked increase of white corpuscles.

June 30.—Tongue slightly coated, moist, bowels open. Urine acid, no albumen.

July 1.—Skin very dry and harsh, inclined to scale. Tongue coated and moist. No filariæ in blood or urine; no casts.

July 25.—Discharged.

Morning.	Evening.	
—	104°	20/6/83.
101·4°	100	
98	98·6	
98	98·4	
98	98·4	
98	97·4	
98·2	98	
98·4	99·6	

Morning.	Evening.	
99·9	100·4°	
101·6	102·6	
99·2	99·6	
101	103·6	
99·4	102	
100	100·4	
98·6	98·4	4/7/83.
About normal till discharge.		

*Case of Penetrating Wound of Thorax—Compound Fracture of Rib—
Wound of Lung—Hæmothorax—Recovery.*

Under the care of Mr. GIRDLESTONE, F.R.C.S.

Reported by G. ADLINGTON SYME, M.B., Ch.B., Resident Surgeon.

A. G., æt. 14, was admitted to the hospital on the 2nd of August, 1883, having been rushed and gored by a bull on the same morning. The animal's horn struck him on the right side of the chest, inflicting a wound which bled a good deal on his way to the hospital.

On admission, the boy, though frightened, did not seem to be suffering much from shock. His face was pale, and somewhat livid, respiration was rather laboured, and his pulse weak and hurried. Just below the right nipple was a lacerated wound about two and a half inches long, over the fourth rib, which was fractured. The wound penetrated the thorax, and evidently entered the lung, air passing in and out through it very freely with each act of respiration. There was some hæmorrhage from the wound, chiefly venous.

He was placed in bed, on his face and right side, so that the wound was dependent, and several layers of lint, steeped in carbolic oil, placed over the wound. Hot bottles applied to his feet.

August 3.—Slept well; no pain; breathing easier; temperature 100°; pulse 84; respirations 28; no hæmorrhage, no emphysema; face not so dusky; takes nourishment well.

Antiseptic dressings applied, and right side of chest strapped. Still kept on face and right side.

August 6.—Has had no symptoms since the 3rd. Temperature normal; pulse 84; respirations 24; no pain; breathing easily; sleeps well; wound uniting; no suppuration; some immobility of right side of chest; dulness on percussion over right axilla below level of wound and over infra scapular region; breath and voice sounds very distant over dull area.

August 16.—Wound a superficial granulating surface; no constitutional disturbance; dulness on right side not so marked; breath and voice sounds much more audible. Allowed to get up.

August 22.—Wound all but healed; chest expands fully; very slight dulness on right side; breath and voice sounds clear.

August 23.—Discharged cured.

Indications for Tracheotomy.—Dr. Jacobson reports 10 cases of tracheotomy. Five cases recovered. Of these, two cases were for syphilitic laryngitis in children, and resulted in cure of the disease; one was for a foreign body in the right bronchus in a child sixteen months old; and two were for diphtheritic croup. In all the cases the patients were enabled to breathe freely after the operation, which in the five fatal cases was done in the last stages of diphtheritic croup. Dr. Jacobson advocates early operation, and considers delay is culpable, resulting in the development of cedema of the lungs and weak heart. There is nothing to lose, everything to gain by early operation.—*N.Y. Medical Record.*

Australian Medical Journal.

SEPTEMBER 1883.

THE VIVISECTION QUESTION.

As will be seen from the regulations printed in another part of the Journal, we are fairly delivered into the hands of the anti-vivisectionists. In the end of 1881, what was called the "Protection of Animals Act" was passed. There was, perhaps, too little interest taken in its provisions, when these were still under discussion, on the part, not only of medical men, but of all interested in the progress of science. It was felt, however, even by some non-medical members of the Legislative Assembly, that these provisions were in some respects a little too stringent and sweeping, and that, unless modified by some saving clause, they would tend to prevent anything in the way of physiological investigation. Accordingly, a clause was introduced to the effect that the provisions about cruelty should not apply to experiments on animals performed by competent persons, and with certain limitations, practically those mentioned in the regulations recently issued. It may be taken as sufficient proof how little is being done in the way of experiments on animals for physiological, or pathological purposes, that the clause, with its limitations, was accepted as to all appearance fair and satisfactory. Another class, in addition to physiologists, had their interests conserved, viz., sportsmen; and their rights, privileges, and immunities were very fully guarded. Cruelty to any extent, and of any degree, may be practised in sport. But when it is a question of doing something attended with more or less, and often with less, pain to an animal, with the view of extending knowledge, and especially of getting better acquaintance with disease and its treatment, precautions of every kind must be insisted on. Among other things, it was provided in the Act that the Governor-in-Council might grant licenses, under regulations to be framed, to qualified persons desirous of carrying out experiments on animals. It was again a proof of the small amount of such experimenting that for nearly two years these regu-

lations were never framed. How they came to be published at last is not quite certain, but we have reason to believe that it was the consequence of an unnecessary, and, as we think, injudicious application for a license. Injudicious it was, since it led to the promulgation of the document to which we wish to direct the attention of our readers. Till these regulations were issued, it was quite competent for any legally-qualified medical practitioner to perform whatever experiments he might think proper, supposing these were not done merely for the sake of attaining manual skill, or from vain curiosity, and that the animal operated on, if permanently injured, was put to death without delay. The provision for using chloroform or other anæsthetic in any and every experiment is utterly absurd, since in some cases it would prevent the possibility of any conclusion being arrived at. That it would be used when possible we take for granted, but in any investigation of the action of medicines the result would very often be obscured, and in some cases completely nullified, by its use. Any man, imbued with the scientific spirit, and carrying on experiments simply with the view of increasing our stock of knowledge of vital phenomena, would have been content to remain on the same footing as the sportsman, or the ordinary citizen who uses the whip to his horse or dog. As the Act stood, it would have been necessary for him simply to plead utility, and leave it to any prosecutor, amateur or official, to prove that there had been wanton or unnecessary cruelty. It is said, of course, that the issue of these regulations is simply carrying out the provisions of the Act. But the position of the scientific investigator is completely altered, none the less, by their publication. It is no longer a matter which is to be determined by the common sense of a magistrate or jury, as to whether certain experiments were fair and justifiable. Whatever is now done in the name of science, although the pain inflicted may be insignificant, is dubbed an experiment, and absolutely forbidden, unless the operator holds a license. Again, we may be told that a license will always be granted to any respectable medical man who can give good reasons for applying for it. This

however, has yet to be tried, and has not been the case in England, where, as a consequence of the passing of the Vivisection Act, physiological investigation in many directions has been completely put a stop to. Professor Lister was desirous of making some investigations in connection with his famous system of antiseptic dressings, but was refused a license, and had no choice but, at great inconvenience, to do the work on the Continent somewhere, or leave it undone. Prof. Fraser, of Edinburgh, a pupil and the worthy successor of Christison, got a supply of arrow poison from Borneo, and, wishing to test its properties, with the view of discovering an antidote, or of introducing a new and powerful medicine into use, made application for a license to make the necessary experiments on animals, and was refused it. If this can happen in England, where the influence of scientific associations is great, can we hope for a more satisfactory state of things here? The grievance is that it should be in the power of some official, almost sure to be ill-informed about the value of such investigations, to refuse licenses on any or no grounds, and practically to put a stop to experimental inquiries. We do not hesitate to say that, in the noble and elevating sport of coursing, for instance, more cruelty is inflicted in one week in the season than has been, or is likely to be, inflicted by physiologists in several years in this country. It would be just as safe to say that as much cruelty is inflicted on horses and dogs every day in Melbourne, most of it unnecessary, as by physiological investigators in ten years. But then everybody claims the right to whip his horse or beat his dog for the most trifling cause, and nobody objects, unless the punishment is carried to the extent of savageness. Very few, on the other hand, care at all about purely scientific investigations, and therefore there is little objection to difficulties being thrown in their way. It is probably too late to protest, but we must express the opinion, that the invidious distinction we have been pointing out is unfair and unnecessary, and in its effects cannot fail to be injurious, and that in growing measure as time passes, and medicine comes to be more cultivated in a scientific way.

LUNATIC ASYLUMS & THEIR ADMINISTRATION.

Our readers will, we think, be agreed that the Committee of the Medical Society acted rightly in bringing before the members the ill-advised, and in some respects absurd scheme which Mr. Berry has propounded. We are told of course that he has been in consultation with Dr. Dick, the Inspector of Asylums, but we have too high an opinion of Dr. Dick's judgment to believe that he has had any active share in giving shape to the strange proposals which have been made public.

After the unequivocal condemnation which Mr. Berry's "scheme of improvement" has met with from those who, in this community, are best qualified to express an opinion, we may surely hope that it will never get beyond the stage of consideration.

A full report of the discussion at the special meeting of the Society, is given in the present number of the Journal, and the various points brought up are argued out in such a way that it is unnecessary to devote much space to the question here. One or two points, however, may be mentioned. Now, when we have a Government, whose members express readiness to lay aside the privilege of exercising political patronage in some departments of State business, it is proper to insist that, in no public department has the abuse of patronage been followed by worse effect than in that of the asylums for the insane. Those who have visited almost any of these institutions, and are competent to judge of their state and management, know how imperfectly they serve the purpose of hospitals for the cure of the mentally afflicted. The description given by Dr. Urquhart, in the *Journal of Mental Science* for January, 1880, of the Kew Asylum, and of the mode of administration generally, was the reverse of flattering, and would be not less true at the present time.

We fear that there can be no real and lasting improvement, in the system of management of the asylums, till the control passes out of the hands of the Chief Secretary for the time being, and is vested in a permanent Board of Commissioners.

A Harbour Trust has been established, and there are to be Commissioners of Railways. The political control of these Departments has been shown to be both bad and costly, and public opinion has compelled a change. The abuses in the Lunacy Department are great enough, but they are less patent; and affecting the influential and monied classes of the community little, or but indirectly, they excite small attention. Instead of closing the Department against the intrigues of place-hunters, as is being done elsewhere, the intention of the Chief Secretary seems to be to make it more and more a happy hunting ground for them. It surely requires little knowledge or common sense to see that, if care is needed in the selection of a railway clerk or porter, still more should it be exercised in the choice of asylum officials, who have opportunities of doing the direst mischief. If a permanent Board of well qualified and well paid Commissioners of Lunacy were formed, improvements great and many might be expected to be made quickly. Among others the matters discussed by the members of the Medical Society would be brought to a satisfactory settlement, and no difficulty would be found in deciding about the functions of medical superintendents, the appointment and dismissal of warders and attendants, and even in giving a fair trial to some scheme for boarding-out harmless lunatics. The unanimous opinion of the members of the profession on these points may certainly be expected to weigh with the intelligent public, with independent members of the Houses of Parliament, and, if not directly, then through them, even with Mr. Berry.

TO OUR CONTRIBUTORS.

If gentlemen who kindly supply Hospital Reports and Extracts from the Journals will be good enough to accept the following suggestions, the usefulness of the Journal will be greatly increased, and editorial work will also be made much easier. All contributions should be sent in, if possible, not later than the first day of the month. Only on this condition can early publication and punctuality of issue be

attained. By preference, Extracts from other journals should be from the original matter of these, and should give the essential points, as far as may be, in the shape of a condensed summary. Hospital Reports, too, should have the important points in the history of cases made prominent, mere day by day notes being omitted or condensed, unless absolutely needed for the sake of clearness. Some cases may be worth relating merely on account of their rarity; but, out of consideration for the ordinary reader, it is desirable that the history of a case should lead up to something, whether in relation to diagnosis, causation, or treatment. A very few lines by way of commentary may add much to the value of such contributions.

The Editor hopes that other members of the profession, as well as gentlemen attached to hospitals, will give all the help in their power, so that the Journal may, even more fully than hitherto, be a satisfactory record of the state of Australian medicine.

We are still improving in the science and art of medical advertising, and we cannot help animadverting on the increased tendency, on the part of younger members of the profession especially, to rush into print with letters to the papers, giving the public information, more or less reliable, on strictly professional matters. Recently there has appeared in one of the church organs, and probably enough elsewhere, an advertisement of a very staring character from a gentleman practising in the city. He announces himself as "late assistant to the surgeon to the Queen." We cannot help thinking that there is just a little of the *suggestio*, as well as of the *suppressio* in this announcement. Doubtless there are hundreds who could describe themselves in the same way; any one, who has taken part as clinical assistant, dresser, &c. in the hospital work of one of the gentlemen who have acted as surgeon in ordinary or extraordinary to Her Majesty, having some kind of claim to call himself "late assistant to the surgeon to the Queen." We suppose that what is intended to be conveyed to the simple minds of the uninitiated general public is, that the gentleman who thus describes himself was in the habit of running over to Windsor Castle or up to Balmoral, when the Queen was a little out of sorts,

and his principal was too busy, or otherwise unable to attend in person. On the whole, then, we venture to think that there is a little more ingenuity than ingenuousness in this new mode of claiming attention to one's professional qualifications or pretensions.

We have not hesitated about the desirability of giving a very full report of the discussion on the Management of the Asylums, since it may be fairly looked on as a permanent contribution to this difficult and much vexed question. We have received from Dr. Fishbourne the following note, which deserves publication :

"In Dr. Jamieson's remarks about the percentage of recoveries in asylums in Victoria, account was not taken of the large number of persons suffering from senile dementia and paralysis sent to our asylums. These would never be sent to asylums in England or Ireland or classed as insane. I rather imagine too that those children who are sent to asylums for idiots are not calculated among the insane population in England. Here unfortunately we have no asylum for idiots, that, and an asylum for criminal lunatics being a great want."

Probably what Dr. Fishbourne says is true, about the difference in the classes of cases admitted into the Victorian, as compared with the home asylums ; and allowance ought, as far as possible, to be made for the circumstances which he points out, as tending to keep down the percentage of recoveries in this colony. On the other hand, there is a compensating advantage. As the Central Government here undertakes the expense of treating nearly all cases, it will less frequently happen that insane persons remain long in private houses before removal, and so have their chance of early and complete recovery lessened. Any one, who knows the rules and customs followed in great Britain, must be aware that valuable time is often lost in subjecting persons to asylum treatment, partly because of slowness on the part of local authorities to undertake the expense, and also because of inability or unwillingness on the part of the friends to get removal accomplished. Altogether this is simply another instance of the difficulty of taking into account all the elements, which go toward making up reliable comparative statistics on medical questions.

Dr. Fishbourne's remark about the want of separate asylums for idiots, and for criminal lunatics, is important, and the need should commend itself to those in authority.

VIVISECTION REGULATIONS.

The subjoined notice appeared in the *Victoria Government Gazette* of 31st August, 1883, No. 82 :

“THE PROTECTION OF ANIMALS ACT 1881.’

“The subjoined regulations, made by the Governor-in-Council, in pursuance of Section 12, Clause C, of ‘The Protection of Animals Act, 1881,’ are published for general information.

“GRAHAM BERRY,

“Chief Secretary.

“Chief Secretary’s office,

“Melbourne.

“REGULATIONS.

“1. No experiment or vivisection shall be performed by any person upon any animal under the provisions of the above Act unless the Governor-in-Council shall have granted to the said person a license to perform such experiment or vivisection.

“2. Every such license shall be in the form, or to the effect set forth in the Schedule hereto annexed.

“3. The Chief Secretary may direct any person, performing experiments or vivisection under the said Act, from time to time to make such reports to him of the results of such experiments or vivisection in such form, or with such details, as he may require.

“4. No experiment or vivisection, as aforesaid, shall be performed for the purpose of obtaining manual skill, or merely satisfying curiosity.

“5. In every experiment or vivisection the animal operated upon shall be kept thoroughly under the influence of some efficient anæsthetic during the time of such operation.

“6. Where permanent injury or abiding discomfort is likely to result from such experiment, the person operating shall procure the extinction of the animal’s life without delay, and in as painless a manner as possible.

“SCHEDULE.

“License to perform experiments or vivisection upon animals under ‘The Protection of Animals Act 1881,’ and for the humane conduct of such operations.

“KNOW ALL MEN that I, the Governor of the Colony of Victoria, acting by and with the advice of the Executive Council, do hereby, in pursuance of the provisions of ‘The Protection of Animals Act 1881,’ give to (A. B.), of (residence and occupation), a full

license and authority to perform experiments or vivisection upon animals under the provisions aforesaid: Provided that this license is subject to the conditions following, that is to say:—That the said (A. B.) shall observe all the provisions of the above recited Act and all regulations of the Governor-in-Council for the time being in force thereunder, and that this license may be revoked at any time by the Governor-in-Council.

“Dated this day of 188 .

“*[The Governor's signature.]*”

“Approved by the Governor-in-Council
the 27th August, 1883.

“ROB. WADSWORTH,
“Clerk of the Executive Council.”

MELBOURNE MEDICAL STUDENTS' SOCIETY.

The final meeting of the Melbourne Medical Students' Society for the year 1883 was held at the Melbourne Hospital on the 6th September. The president, Professor Halford, occupied the chair. There were also present Professor Kirkland, and fifty ordinary and honorary members.

Mr. C. W. Pardey read a paper on the “Art of Prescribing.”

The president then, in a few highly eulogistic remarks, presented Mr. J. B. Kirkland, on behalf of the society, with a handsome album, containing the photographs of the committee, and the following illuminated inscription:—“Presented by the Members of the Melbourne Medical Students' Society to John B. Kirkland, as a mark of their esteem and regard.”

The honorary secretary (Mr. A. S. Aitchison) then read a paper on “The Progress of the Society,” explaining the reasons for its formation, describing its progress from its inception in 1880, during which year the average attendance was fifteen, to its present prosperous condition, with an average attendance of thirty-eight for the year, and a members' roll of over one hundred, and concluded his paper by congratulating the society on its present prosperous condition.

A vote of thanks was tendered the honorary secretary for the interest he had taken in the advancement of the society.

After short addresses by the president and Professor Kirkland, the meeting terminated with the usual votes of thanks.

We learn, further, from the report read by Mr. Aitchison, that during its existence the society has taken active steps in various ways to make known the wants and wishes of the students attending the Medical School; and especially, by addressing the authorities of the Children's Hospital, and the Eye and Ear Hospital, has obtained for students freer access, for training purposes, to these institutions. We think the students are to be congratulated on their success in firmly establishing this society, the influence of which can only be for good, not only in leading to extension of study beyond mere text-book range, but in creating a corporate feeling among them, and helping to prepare them for taking a proper position in public matters when they have entered professional life. This latter end would, we think, be furthered, and the habit of self-restraint encouraged, if the students could see their way to trust more completely to themselves and less to honorary officers. This, no doubt, will come about in course of time.

Melbourne University.

It is gratifying to be able to report that an addition of £2000 has been made to the fixed endowment of £9000, and that a further amount of £10,000 has been voted by Parliament for building purposes. In reply to some rather depreciatory and captious remarks by Prof. Pearson, Mr. Service said that a deputation from the University had waited on him in connexion with the additional endowment, and they showed him how the money was now being spent, and that, if they were to be put on something like the same footing as that on which they started, they should have an additional endowment. Such additional endowment was not asked for the purpose of founding any new class, but simply to provide for existing arrangements. At the outset there were four professors and no lecturers, and the endowment was £9,000. Now there were 10 professors and 14 lecturers, and in order to pay the salaries, fees had been appropriated, many of which ought to have been devoted to other matters. As to the £10,000 for building purposes, a very strong case had been made out for extra accommodation for the medical school, and the money was to be devoted to providing it. He had a memo

stating that—"The school of medicine has outstripped other faculties in growth. It commenced with four students in 1862, and has now 180. Notwithstanding this it has had no extension of building accommodation except a laboratory. The lecture-rooms, dissecting-room, library, &c., are deplorably and miserably insufficient." These classes began about 8 o'clock in the morning, the rooms were crowded, and the classes followed one another so rapidly that proper ventilation was impossible.

There is no doubt that in several of its departments, and notably the medical, the University has been greatly crippled for want of money, and the grants just voted will come as a very seasonable relief.

Leave of absence, for twelve months, has been given to Professor Strong, to enable him to visit Europe. Arrangements have been made for carrying on his classes during his absence.

The subject of the conferring of *ad eundem* degrees has been under discussion in the senate. Various motions were proposed at the meeting on the 11th inst., all tending in one way or another to restrict the present freedom of admission, either by confining the privilege to members of universities to be specially recognized, or by limiting it to distinguished graduates of other universities. There will be practical difficulties in carrying out either method, but certainly the time has come when some change must be made. The subject is to be taken up again at an adjourned meeting on the 18th inst.

Something approaching to open war is threatened between the University Council and the Senate. A special meeting of the latter body has been summoned for the 20th inst. to consider the propriety of protesting against, and taking steps to prevent a proposed breach of the regulations on the part of the Council, in bringing into operation certain changes with regard to Honours and Exhibitions, before the time fixed by the regulations. It seems as if the University Council had not yet quite realised the fact that, though it has executive functions in its own hands, the Senate has full co-ordinate authority in all matters of legislation. The liability to the occurrence of misunderstandings might be diminished if, in some way, a full account could be published of the proceedings of the Council.

Extracts from the Medical Journals.

THE LANCETS.

Tetany.—Dr. Gowers, in a clinical lecture on tetany, gives a very interesting account of that rare disease, with the notes of one case—a single woman aged forty years.

One of the diagnostic features of the disease is the peculiar posture of the hands during the attacks of spasm. The fingers are strongly flexed at the metacarpo-phalangeal joints and extended at the others, the thumb being adducted and pressed against the side of the first finger so strongly that its last phalanx is bent backwards. The spasm is attended by a painful sense of traction in the affected muscles; it can be overcome by force, but the attempt gives much pain, and the hands afterwards resume the same posture. In cases of slight and moderate degree, the spasm is confined to the hands and forearms, but in the more severe forms the lower limbs are also involved.

Tetany is said to come on at times in the later stages of typhoid fever, or during convalescence. Singular epidemics of the disease have been met with, and in some of these hysteria has probably played a larger part than it does in sporadic cases. It is somewhat more frequent in males than females.

In chronic poisoning by ergot there is often contracture which singularly resembles that of tetany, and the similarity has struck many observers, and has suggested the dependence of the disease on some toxic influence. But the significance of etiological facts is on the whole opposed to such an assumption.

The treatment consists in the removal of the cause if possible, and in the diminution or arrest of the attacks by sedatives, and in the removal of the morbid state on which they depend by tonics. For the former purpose bromide of potassium is the most effective, but it must be given in full doses, as half a drachm three times a day.

The Entire Scalp completely torn off.—Mr. Hetherington relates the case of a girl who, while working in the factory where she was employed at her sewing machine, which, in common with others, was driven by an unprotected shaft passing under the table, stooped down to find something she had dropped, when her hair, which was loose and very long, fell over the shaft

as it was revolving, and so was wound round and round on it until the scalp was completely torn from her head, and the poor girl then set free. The edges of the wound looked as if cut with a knife. No cerebral symptoms were at any time present. The last note of the case is that the surface of the wound is granulating, and that skin grafting is being successfully adopted.

Excision of Hunterian Chancres.—The question of the value of excision of true Hunterian chancres possesses considerable pathological as well as practical interest. If the operation succeed, the conclusion would be favoured that—at any rate, until the nearest lymph glands are infected—the poison is entirely local; while, if it fail, even when performed quite early, it rather points to the conclusion that the virus is quickly disseminated, although it most rapidly sets up peculiar changes at the point of inoculation. Thus far the evidence is contradictory, or, at any rate, not conclusive. Nearly all surgeons who practise the operation are agreed that, to be successful, it is essential that the chancre should be widely excised before the lymphatic glands are infected. The number of cases in which this can be done is not very large, and the difficulty of coming to a precise diagnosis of a chancre in this stage is best realised by those who have had most experience in this department of surgery. Dr. Oscar Lassar has performed the operation forty-eight times. Where the chancre is superficial he removes it with a single cut of the knife or scissors; where it is deep, or situated on the glans penis, he uses the sharp spoon. He then closes the wound with catgut sutures, and fastens on an iodoform dressing. Generally, he has succeeded in getting healing by first intention, but if any induration occurs around the wound, this is again removed in a similar manner. Of thirty-seven cases thus treated, nineteen must be excluded from consideration, as the subsequent course was not thoroughly known. Of the eighteen which have been well followed up, thirteen passed through the usual stages of constitutional syphilis, but in no case was the attack severe. Five cases escaped all general infection, and Dr. Lassar states that, in no one of these cases, had he any doubt of the diagnosis at the time of the operation.

Mr. W. J. Walsham thus describes an *Easy Method of Posterior Rhinoscopy*. A piece of soft red rubber tubing, about one-eighth of an inch in diameter, is introduced into one nostril, and pushed very gently along the floor of the nose till it presents just below the soft palate. It is then gently seized with a forceps, drawn

out through the mouth, and loosely tied across the upper lip to the end protruding from the nose, the elastic tube being stretched just sufficiently to loop upwards and forwards the soft palate, and draw it well away from the posterior wall of the pharynx. The looping of the palate on one side is often sufficient; but a better view is obtained by passing a tube through the other nostril and looping up the soft palate of that side in the same way. The posterior nares and naso-pharynx can now be examined with the ordinary laryngoscopic mirror with the greatest facility.

MEDICAL TIMES AND GAZETTE.

JULY.

The Communicability of Cholera.—Dr. Cunningham's address on cholera, delivered before the Epidemiological Society, seems to have attracted considerable attention. He does not believe that, in India, either cholera or enteric fever is due to a specific germ, transmitted from the sick to the healthy, and states that there is no evidence to show that cholera spreads from the delta of the Ganges all over the world. Cholera is localised in particular places, and so far has not been exported from India on shipboard. Since the period of incubation is admittedly not more than eight or ten days, of what use is it enforcing a quarantine in Egypt, or in the southern ports of Europe, if the disease has not declared itself on shipboard until arrival at these places. To diminish the three greatest forms of Indian disease, viz., small-pox, fever, and cholera, the real and only remedy is to improve local sanitary conditions, and in the case of small-pox to vaccinate. In a leading article, published in the *Times and Gazette* of July 21, in reply to Dr. Cunningham's address, it is pointed out, that notwithstanding the statement that the disease is not produced by a specific contagion, nevertheless, in Europe and America, the disease has followed the great routes of trade; and in countries which communicate with cholera-affected countries only by sea, it has made its first appearance in the towns situated on the sea coast. Again the Moravian settlements on the Volga, though in the line of epidemics, have always escaped the disease by maintaining an absolute isolation from the outer world.

Perineal Section (Syme's operation).—Mr. Timothy Holmes refers to Syme's operation as having now "almost ceased to be

practised." It is only applicable to cases of obstinate non-dilatable stricture, which are complicated with much thickening and numerous old perineal sinuses. Divulsion and internal urethrotomy are safer methods of procedure. (Such strictures must be much more rare in London than in Melbourne, judging by the Melbourne Hospital experience.)

Neurofibromata.—Mr. J. W. Barrett of the Melbourne Hospital reports two cases of *Neurofibromata*. In the one case several thousands of small tumours existed in the more superficial nerves of the patient (who was exhibited at the June meeting of the Victorian Medical Society.) In the other case, four large tumours were situated on the median, ulnar, circumflex and posterior tibial nerves respectively. The patient was under the care of Mr. T. N. Fitzgerald, who excised them. In both cases the inconvenience resulting from their presence was almost entirely local.

J. W. B.

DUBLIN JOURNAL OF MEDICAL SCIENCE.

JULY.

In an article entitled, "A New Method of Reduction in Dislocation at the Elbow Joint," Mr. Kelly introduces a plan, which, if not quite new, has long been forgotten, for steadying the humerus whilst undergoing examination for fracture through the condyles, or for securing and steadying it when counter-extension is being made, or old articular adhesions being broken down. "The operator should sit on the corner of a table, at the end of which the patient is placed upon a chair. The injured limb is drawn under the surgeon's proximal thigh, which rests close to the joint on the anterior surface of the humerus, whilst the olecranon is placed on the anterior surface of the lower third of the distal femur, and the proximal foot is hitched behind the other leg, which is pressed firmly against the frame of the table." Mr. Kelly illustrates his paper by three diagrams, which assist most materially in the elucidation of his suggestion. It certainly seems a useful proposition, easy to carry out, and one likely to be serviceable in cases where it is difficult to procure intelligent assistance.

In a well considered article, Dr. Lindsay enters into a dissertation on the necessity of the "busy practitioner" bestowing more pains on the study of nervous diseases, pointing out what a

field for observation and research they present. He singles out, as an illustration, a case of lateral sclerosis, and, after giving its medical history, proceeds to analyse its symptoms. He recapitulates the different hypotheses that can be advanced regarding the primary or secondary origin of these lesions, and the varieties of superficial or skin, deep or tendon reflexes, that often afford a clue to the nature of the spinal disorders. He further asks, is there any inter-relation or correspondence between these two varieties of reflex activity? And answers that we shall find that there is no necessary relation; but that, on the contrary, either variety may be increased, diminished, or lost, without any corresponding change, or with, it may be, a change of an exactly opposite character in the other variety. In infantile paralysis, both varieties are greatly diminished, or quite lost. In some forms of paraplegia both varieties are markedly augmented. But, as against such facts, we have the following:—In many cases of hemiplegia we find the superficial reflexes lost, but the deep reflexes exaggerated. In posterior sclerosis, or locomotor ataxia, the absence of the deep reflexes is one of the most constant and important symptoms; but the superficial reflexes may be impaired or augmented, or may remain normal. In lateral sclerosis, on the other hand, the deep reflexes are greatly exaggerated, while the superficial reflexes may be almost entirely lost.

From such facts three conclusions may be drawn :

1. That the superficial, or the deep reflexes, are not truly reflex in character ; or,
2. That the path of sensory and motor impulses is different in the two cases ; or,
3. That the brain exercises some influence in the one class of cases which it does not exercise in the other.

J. H. W.

THE BRITISH MEDICAL JOURNALS.

JULY.

A Note on Uterine Myoma: its Pathology and Treatment.—Mr. Lawson Tait thinks that the word "myoma" should entirely supersede the incorrect term "uterine fibroid." The growth of the ordinary myoma is limited to the period of sexual activity, is influenced by the menstrual function, and probably its ultimate cause will be found in some disturbance of the nervous body

which governs that function. The presence of a myoma indefinitely delays the meno pause.

Menstruation and ovulation are, in his opinion, completely independent functions, having perhaps a community of purpose. Removal of the ovaries often does not affect the former, while removal of the tubes nearly always does so. Mr. Lawson Tait deprecates the triple sub-division of myomata into sub-mucous, intra-mural, and sub-peritoneal. He would rather divide them into "nodular" and concentric. Of these he would again sub-divide the former into the simple and the multi-nodular. Each nodule is seated in a central arterial twig, and its growth is endogenous, the older tissue being on the outside. The dependence of these growths on menstruation is proved by the fact that arrest of menstruation arrests the growth, and sometimes causes its complete disappearance. In several cases this has been brought about by the removal of the Fallopian tubes only.

Messrs. Galezowski and Daguenet recommend, against the eczematous and impetiginous eruptions which often show themselves on the lids and nose of young patients suffering from phlyctenular keratitis, either calomel in powder, or the following ointment:—Olei cadini, 0.25 gr.; hydrarg. oxid. rubr., 0.10 gr.; camphoræ, 0.25 gr.; vaselini, 10 gr. When there are many scabs they must be removed with a forceps, the denuded surface being touched with a stick of nitrate of silver. The excess of caustic may be neutralized by a solution of common salt.

The tenth case of death during the administration of chloride of methylene, has been recorded by Professor Breisky, of Prague. The patient was 27 years of age, and was about to undergo the operation of ovariectomy. After ten minutes, during which four drachms were inhaled, the radial pulse suddenly stopped, but the respiration continued three minutes after the heart had ceased to beat.

W. B. W.

Quackery in America.—Accustomed as we are to consider the States as the Elysium of quacks, the records of the doings of these pretenders, published from time to time, arouse a feeling of increased astonishment at each revelation. Beplagued by its army of sham practitioners, and abundantly spotted with villanous institutions, whose founders drive a profitable trade by selling bogus diplomas, the United States may well be considered to deserve the sympathy of all who are able to appreciate the

frightful mischief annually done to the population by uncontrolled practitioners of every conceivable shade of humbug. In Missouri, which the New York *Medical Record* describes as a "quack-ridden" state (what about New York itself?) there are 4,834 practitioners of one kind or another—one doctor to every 450 inhabitants. Of these, 3,453 "belong to regular medicine," "and over 1,300 are eclectics, homœopaths, and nondescripts. But hardly more than one-half (2,456) are *graduates* of regular schools." In addition to these facts, which are quoted from a paper by Dr. King, President of the Missouri State Medical Society, the author of the communication referred to, declares that 269 of the practitioners are abortionists, 1,904 are deemed by competent judges to be incapable of practising medicine intelligently, and 452 are persons of immoral character, 34 being women. The accounts of the damage perpetrated by this army of rogues, however, is most instructive. It includes 5,570 lives annually lost through quackery in the State, in addition to 8,000 children killed *in utero* by the 269 abortionists. The yearly sum paid for these services reaches somewhere about half a million sterling; verily a pleasing reflection for those who love their species! Some of the instances of cure performed or promised by quacks, are interesting from a professional point of view. They are, many of them, curious in the extreme; occasionally they are unique, as for instance the promise of a "medical man," who undertakes to cure nasal catarrh at one sitting, and, in proof of performance, "remove the catarrh and place it on a saucer." English quackery has not yet reached the perfection of American samples. Long may it continue to hold a position of inferiority.—*The Medical Press*.

Extirpation of Prolapsed Uterus and Ovaries.—Dr. J. T. Stewart reports a case of extreme procidentia, the uterus and bladder protruding half way to the knees, in which impregnation occurred, followed by abortion at the fourth month. After ineffectual attempts at other methods of treatment, he removed the entire organ, together with the ovaries and a considerable portion of the posterior wall of the vagina. The uterus was firmly adherent to the bladder, and had to be dissected off. The patient made an excellent recovery.—*New York Medical Record*.

Local Subjects.

On the 11th inst. Dr. Rose delivered the first of a series of lectures under the auspices of the Australian Health Society. The hall was well filled, and some were unable to obtain admission.

Dr. George Annand, who for three and a half years has been medical superintendent of the Hamilton Hospital, has resigned his position. Drs. Hearn and Dickinson are we understand candidates for the appointment.

On the 28th ult. a rather serious railway accident happened on the Essendon line. About twenty persons received bruises and shocks, but none are supposed to be seriously injured.

The monthly meeting of the Microscopical Society was held at the rooms in Collinst-street on the 31st ult., the president, Dr. Ralph, occupying the chair. There was no original communications received, but addresses and extracts were read by the Secretary and Baron Von Mueller.

The resignation by Dr. J. de Burgh Griffith, of his position as Official Visitor to the Metropolitan Lunatic Asylums, has been accepted.

PUBLIC VACCINATORS APPOINTED.—John Frederick Cobb, M.R.C.S., for the district of Drouin. Wilfred Mureh, L.S.A., at Woodend, *vice* A. Cochran, L.R.C.S. resigned. Dr. W. E. Le F. Hearn, at Hamilton.

As will be seen from our obituary notices, two deaths have recently occurred among the members of our profession in Melbourne. Dr. Hardy was a well-known practitioner, having resided and practised here for about seventeen years. In addition to being Public Vaccinator for the Central District of the City, he held the appointment of Hon. Surgeon to the Alfred Hospital, and had been for several years Hon. Medical Officer to the Benevolent Asylum. Death resulted from Bright's disease.

Regret will be generally felt, by those who knew him, at the death of Dr. J. D. Thomas at the early age of 25. Dr. Thomas received his preliminary education at Ballarat, and during his medical studies at the Melbourne University was both diligent and successful in the pursuit of professional knowledge, taking high honours repeatedly. In 1879 he graduated as Bachelor of Medicine, and was duly appointed Resident Medical Officer to the Melbourne Hospital, where during his term of office he was highly esteemed by the members of the Medical Staff, as well as by students, nurses and patients. In 1882 he went on to the degree of M.D., and some time after was appointed Assistant Physician to the Hospital. He had also held for nearly three years the position of Demonstrator of Anatomy at the University. Dr. Thomas was of a very gentle and amiable disposition, and was held in high regard by those with whom he came in contact, but his health was habitually delicate, and would not have fitted him well for the push and worries of professional life. Death was the result of acute phthisis, following an attack of pneumonia. The funeral procession was joined by a large number of members of the University, including about a hundred students.

The following appointments have been made:—Health Officers—Mr. R. Stewart, Browns and Scarsdale; Mr. W. H. Stock, Northcote; Mr. A. V.

Henderson, Lilydale; Mr. W. J. Carroll, St. Arnaud; Mr. A. M'Donald, Wannon; and Dr. W. C. Woods, Wodonga. Dr. H. B. Allen to be a member of the Central Board of Health, *vice* Dr. Hardy, deceased.

MR. F. DOUGAN BIRD, M.B. and Ch.B., Melbourne University, and formerly dux and gold medallist at the Scotch College, has passed the final examination, and been admitted to the membership of the Royal College of Surgeons of England, September 5th.

THE Chief Secretary has decided that the Central Board of Health shall have control of the city calf lymph vaccination operations now conducted at the Model Farm, Royal Park. Mr. Graham Mitchell is to continue in charge at the farm, and Dr. Talbot is to be the public vaccinator. The remuneration to be paid to them respectively is to be fixed at the end of twelve months.

It is reported that the position of Inspector of Charities, vacated by the resignation of the late Mr. H. F. Neal, will be conferred upon Captain Mandeville, commanding officer of the naval forces. Considerable opposition has already been excited by the proposal, and it is difficult to see what are the qualifications of this gentleman for filling such a responsible position.

DR. MARR, concerned in the Eaglehawk shooting case, has married his housekeeper, Sarah Bell, who will now be unable to give evidence against him at the sessions.

MR. BERRY has decided upon the alteration in the professional offices in connexion with the Hospitals for the Insane rendered necessary by the appointment of Dr. Dick to be the Inspecting Superintendent solely. Dr. M'Creery will be transferred from Kew to Yarra Bend, and Dr. Deshon, now of Beechworth, will come down to Kew. Dr. Watkins, of Sunbury, will return to Beechworth, and the position of Superintendent at Sunbury has been conferred upon Dr. Beattie Smith, who has lately been acting temporarily. In connection with the changes just mentioned, it is reported that Dr. Watkins is about to institute proceedings in the Supreme Court against Mr. Berry for slander. The grounds are said to be certain statements made by the Chief Secretary, bearing on the report of the commission which inquired into the management of the Sunbury Asylum when under the superintendence of Dr. Watkins.

At the last meeting of the Pharmacy Board the following applications for registration as pharmaceutical chemists were passed by the Board:—Joson Couve, Emerald Hill; William Harrison Dobbin, Euroa. The postponed application of Miss Mary Ward, Scarsdale, was refused, as were also the applications of Mr. Michael Wm. Butler, Sandhurst, and Mr. John Hawkrige, Maldon. The report of the quarterly examinations was received from the examiners and adopted. The report stated that there was a marked improvement in the work, especially in the preliminary examination papers; the average is also better than usual, eleven candidates out of nineteen having passed. In consequence of the number of applications for registration by persons outside the colony, a resolution was passed some time since, that persons applying must be able to produce the declared evidence required by Section 18, Sub-sections 1 to 4, of "The Pharmacy Act, 1876," and that as a period of more than six years has now elapsed since the Act became law, no further registrations be granted, except under the above sections, until the Board is satisfied that the standard of education and examination is equivalent to that demanded in Victoria.

A SPECIAL meeting of the managing committee of the Alfred Hospital was held on the 14th inst. to elect an honorary surgeon in the room of the late Dr. Hardy, deceased. There were five candidates for the vacant position, viz.:—Dr. Thomson, South Yarra; Dr. Simmons, St. Kilda; Dr. R. B. Warren, Brighton; Dr. Cooke, Prahran; and Dr. A. G. Black. The choice of the committee fell on Dr. Cooke, a former resident medical officer of the institution. On the motion of Mr. Ellery, the salary of the resident medical officer, Dr. Backhouse, was increased to £800 per annum. The mover and several other members spoke highly of the ability and attention displayed by Dr. Backhouse in the performance of his duties.

THE question of establishing two intercolonial quarantine stations for the whole of Australia, in lieu of those now maintained in each colony, is to be considered by the Central Board of Health. The Chief Secretary has received a communication on the subject from the Colonial Secretary of New South Wales, which encloses a recommendation from Dr. M'Kellar, chief medical officer of that colony, for altering the present arrangements. The places which have been suggested as best adapted for the stations are Thursday Island, off the Queensland coast, and Albany, West Australia.

Two fresh cases of small-pox have occurred on board the "Duke of Westminster," at Brisbane, the patients being the chief officer and a second-class passenger named Miss Reid. Both of them have been removed to Bird Island. The other two patients are doing well.

VITAL STATISTICS.—The Government Statist's monthly report on the vital statistics of Melbourne and suburbs for July has been published. In an estimated population of 291,464, there were 881 births—467 males and 414 females, including nine cases of twins and 57 illegitimate births. The deaths numbered 422, comprising 237 males and 185 females, the excess of births over deaths being 459. The causes of death were—Zymotic diseases, 62; constitutional diseases, 73; local diseases, 216; developmental diseases, 41; violent deaths, 30. The most fatal diseases were—Typhoid fever, &c., 15; cancer, 11; phthisis, 52; cephalitis, 17; apoplexy, 11; convulsions, 10; brain disease, &c., 20; heart disease, &c., 18; bronchitis, 89; pneumonia, 28; liver disease, 15; premature birth, 10; atrophy and debility, 23; fractures and contusions, 12. As compared with the previous month, deaths from zymotic diseases decreased from 70 to 62. Under this head, deaths from typhoid fever fell from 28 to 15, those from dysentery and diarrhoea from 21 to 11, and those from want of breast-milk from 5 to 2. On the other hand, deaths from diphtheria rose from 1 to 2, those from influenza from *nil* to 2, those from croup from 4 to 6, and those from erysipelas from 1 to 3. The only class in which the mortality increased during the month was "violence," deaths from which rose from 15 to 30. The increase was principally in deaths from fractures and contusions, which rose from 7 to 12, and in those from suicide, which rose from *nil* to 5. Three deaths were set down to the consequences of childbirth, as against 1 such death in June. The births and deaths in Melbourne and suburbs during recent weeks have been as follows:—*Week ending 25th August.*—Births 177, deaths 100. Of the total deaths 34 were of children under 8 years of age; 21 being under 1 year. Measles in a mild form were reported from Box-hill. *Week ending 1st September.*—Births 268, deaths 83. Of the total deaths 21 were of

children under 3 years, 18 being under one year. *Week ending 8th September.*—Births 158, deaths 96. Of the total deaths 28 were of children under 3 years; 28 being under 1 year.

TYPHOID FEVER AT CLUNES.

The very extensive outbreak of typhoid fever at Clunes has lead the health officer, Dr. Colquhoun, to make careful inquiries into its probable causes, and his report is of considerable interest in its bearings on the etiology of this disease. We fear that the conditions pointed out are not uncommon in other places in connection with the water supply. Mr. Le Capelaine has been directed by the Central Board of Health to inspect the locality and report.

"The Hospital, Clunes, August 29, 1888.

"The Chairman and Members Local Board of Health, Clunes.

"Gentlemen,—Since my last report, on July 19, there have been 16 fresh cases of typhoid fever, making, up to date, a total of 315 cases. Two deaths have taken place from the disease since last notice, viz., Letitia Barber, Hill-street, aged 15 years, on August 2; and Esther Vickers, Paddock-street, North Clunes, aged 11 years, on August 4.

"I am glad to be able to report that there is every appearance of the epidemic having exhausted itself. Within the last fortnight there has only been one case reported, the remaining 15 having occurred end of July and beginning of this month.

"The deaths which have taken place since the beginning of the outbreak till date have been 14, or a mortality of 4 2-5ths per cent. This is an exceedingly low death-rate, and we have reason to congratulate ourselves accordingly.

"In examining into the causes of the recent epidemic, I cannot find that the sanitary arrangements of the town itself are to be blamed. These are on the whole satisfactory. The drainage of the town is good; cesspits have been abolished, and earth-closets are in general use. At the outset of the attack, precautions were taken to limit the spread of the disease by the liberal use of disinfectants, and the inspector of nuisances, Sergeant Nolan, was most attentive in seeing them used in all public places, and in attending to the frequent emptying and disinfection of closets, &c. In defiance of these measures, however, the disease continued unabated through the months of April, May, and June, and to a less extent during July and August. There is no doubt that typhoid fever has been very widely distributed this season, and under any circumstances we would probably have had a certain number of cases, perhaps more than usual; but had there not been a local exciting cause the numbers would not have assumed the proportions they did. That cause is, I believe, to be sought for in the impure character of our water supply, and until this is remedied there is an ever present source of danger to the health and lives of the inhabitants of the town. The manner in which the water is brought from the reservoir at Newlyn is most objectionable. Being conveyed in the channel of an ordinary creek as far as Wheeler's-bridge, it necessarily receives all sorts of impurities from the district through which it travels. On the 18th and 22nd of this month I inspected the waterway, on the former date at Smeaton, and on the latter at Newlyn. At both places I found houses, with their conveniences,

situated on the banks of the creek. It receives nearly all the drainage of both townships, as also that of the country along its course—a distance of, I understand, nearly 12 miles. At Newlyn things are very bad. At the crossing near Newlyn-bridge I noticed a dunghill, which was laved by the waters of the creek. From the position of these townships, and the different farm dwellings along its line, the creek is bound to become tainted with faecal and other impure matters, which must tend to make the use of the water one of danger. On inquiry I ascertained that a Mr. M'Kay, whose premises are on the banks of the creek, near Newlyn-bridge, had a case of typhoid fever in his family early in March; that a second case occurred about the same date in the house of a Mr. Shea, a few yards further down the creek. Both these cases were brought into the township. Besides these there were several other persons attacked during the months of March and April. Dr. Lyons of Creswick, who attended these cases, informs me that he had several others during these months along the course of the creek as far as Smeaton. In Clunes the epidemic did not show itself until the beginning of April, and this peculiarity about it deserves notice, as distinguishing it from the ordinary history of typhoid—that there was a large number of persons attacked simultaneously. Within the first three weeks I had to report over 100 cases. The simultaneous character of the attack pointed clearly to a common source of infection, and that, as I have already stated, I believe to have been the water supply. We had, it is true, three cases previous to the fever assuming an epidemic form. But those cases occurred at intervals of time and place, and were each of them imported, viz., from Coghill's Creek, Sandhurst, and Ballarat respectively. In each case the most careful attention was paid to disinfection and the destruction of everything likely to carry contagion. There was likewise an interval of over a month between the last of these cases and the first of the epidemic series. I am quite satisfied, therefore, that the source of the recent outbreak is not to be ascribed to these three isolated cases.

"I would respectfully point out, in addition, that not only is the late typhoid epidemic to be attributed to the tainted water supply, but that we constantly run the risk of other infectious diseases being conveyed by same means.

"Whenever a case of infectious disease occurs anywhere in the course of the creek, Clunes is liable to suffer from the same. The risk of hydatids, through dogs getting access to the water, should also not be overlooked.

"The only remedy for this state of matters is to convey the water in pipes direct from the reservoir.

"I am, gentlemen, yours respectfully,

(Signed)

"ROBERT COLQUHOUN, Health Officer."

MEDICAL BOARD.—A meeting of the Medical Board was held on the 7th inst., at the Government offices. Present: Mr. Gillbee (president), Dr. Robertson, Dr. Fetherston, Dr. Shields and Dr. Blair. The undermentioned gentlemen attended, produced their diplomas, and were registered as follows—No. 1066, John Sampson Levis, Carlton, M.B.C.S. Eng., 1860; M.D. Q. Univ. Irel. 1860 (retired Fleet Surgeon.) No. 1087, Robert M'Call, Prahran, L. et L. Mid. R.O.S. et R.C.P. Edin., 1883. No. 1088, Shadrach Edward Robert Jones, Melbourne, M.B.C.S. Eng., 1843; L.S.A. Lond., 1844; M.D.

St. And., 1844. No. 1089, William Cleaver Woods, Albury, M.B. et Ch.M. Edin., 1882. No. 1090, Friedrich Peipers, Richmond, M.D., Berlin, 1867; this gentleman produced his States examen., but had omitted to bring with him the diploma of the University. On its production to the president his certificate of registration will issue. No. 1091, George Talbot Woolley, Melbourne, M.B.C.S. Eng., 1881. Names of Deceased Practitioners Erased from the Register—C. H. Hardy, No. 547, M.D.; J. D. Thomas, No. 941, M.B. Special board meetings were reported on the 15th and 30th ult., at which the undermentioned practitioners have been registered—No. 1084, Henry Bartlett, Kew, L.S.A. Lond., 1874; M.R.O.S. Eng., 1875; L.R.C.P. Lond., 1876; M.B. et Ch.M. Aberd., 1877; and M.D. Aberd., 1879. No. 1085, John Tuthill, Euroa, L.R.C.S. Irel., 1881; L. et L. Mid. K.Q.C.P. Irel., 1881.

MELBOURNE HOSPITAL ELECTION.—The election of four gentlemen in each class, to act respectively as hon. physicians, hon. surgeons, and assistant hon. surgeons to the Melbourne Hospital, took place in the large hall of the Athenaeum, Collins-street east, on Thursday the 28rd ult. There were six candidates for the positions of physicians and surgeons, and five for assistant surgeons. The number of officers to be elected was four in each case. Very great interest was taken in the election, and 1,928 persons attended and recorded their votes. Three of the retiring physicians, viz., Drs. Moloney, Robertson, and Williams, have been re-elected, Dr. Fulton being returned *vice* Dr. Motherwell, who did not stand. The same number of the retiring surgeons, Mr. Fitzgerald, Dr. Beaney, and Mr. James, have been re-elected, and this year Mr. Howitt has been defeated by Mr. Girdlestone. The assistant surgeons chosen are Messrs. R. A. Stirling, J. P. Ryan, J. H. Webb, and V. E. Browne. Drs. Griffith and Kennison were re-elected hon. assistant physicians without opposition, and the other places have since been filled by the appointment of Drs. Murphy and Alsop. Subjoined are the details of the voting:—

PHYSICIANS.				
Dr. P. Moloney	..	..	..	1,867
Dr. J. Robertson	..	..	..	1,817
Dr. J. Fulton ..	..	..	..	1,246
Dr. J. Williams	..	..	..	1,104
Dr. J. Jamieson	..	..	..	895
Dr. T. P. Lucas	..	..	..	648
SURGEONS.				
Mr. T. N. Fitzgerald	..	..	..	1,510
Dr. J. G. Beaney	..	..	..	1,256
Mr. E. M. James	..	..	..	1,244
Mr. T. M. Girdlestone	..	..	..	1,064
Mr. C. S. Ryan	..	..	..	1,048
Mr. W. G. Howitt	..	..	..	850
ASSISTANT SURGEONS.				
Mr. R. A. Stirling	..	..	..	1,571
Mr. J. P. Ryan	..	..	..	1,448
Mr. J. H. Webb	..	..	..	1,351
Mr. V. E. Browne	..	..	..	1,334
Mr. J. T. Brett	..	..	..	851

The following was the voting on August 20, 1879; the first-named as physicians and surgeons having been elected. There was no voting for assistant surgeons:—Physicians—Dr. P. Moloney 1,523, Dr. J. Robertson 1,461, Dr. J. B. Motherwell 1,249, Dr. J. Williams 1,151, Dr. J. R. M'Inerney 993, Dr. H. Jonasson 940. Surgeons—Mr. T. N. Fitzgerald 1,582, Mr. J. G. Beaney 1,194, Mr. E. M. James 1,149, Mr. W. G. Howitt 849, Mr. T. M. Girdlestone 838, Dr. J. P. Ryan 715, Mr. J. H. Webb 638, Dr. Edward Barker 558.

BIRTH.

WEIR.—On the 22nd ult., at No. 8 Balmoral-terrace, Albert Park, the wife of Dr. John Weir of a son.

MARRIAGES.

BROWNE—GARDNER.—On the 12th inst., at the Church of the Immaculate Conception, Hawthorn, by the Rev. Oliver Daly, S.J., Valentine E. Browne, M.B., L.R.C.S.I., 32 Lonsdale-street east, to Kate eldest daughter of Mark Gardner, Esq., J.P., Poowong.

CAMPBELL—WILLS.—On the 6th inst., at St. Peter's Church, by the Rev. E. H. Dubois, James Campbell, M.D., Maryborough, to Florence Victoria, eldest daughter of the late A. C. Willis, police magistrate, Wangaratta.

ROOKE—REID.—On the 14th ult., at Germantown, N.S.W., by the Rev. John Walker, Charles Rooke, M.B.C.S. England, to Jessie Spink, relict of the late P. C. Reid, Melbourne.

DEATHS.

HARDY.—On the 24th ult., at his residence, 190 Collins-street east, Charles Henry Hardy, M.D., J.P., aged 54 years.

KIRKLAND.—On the 14th inst., at Killney-cottage, Lygon-street, North Carlton, Fanny, the beloved wife of John Drummond Kirkland, professor of chemistry, Melbourne University.

SMITH.—On the 4th inst., at Yarra-street, Geelong, Joanna Smith, wife of S. Maberley Smith.

THOMAS.—On the 25th ult., at Parkville, J. D. Thomas, M.D., aged 25 years.

In addition to the usual exchanges, we have to acknowledge receipt of the Reports of the Inspector of Lunatic Asylums, and the Inspector-General of Penal Establishments for the year 1882, and other Parliamentary papers.

THE
Australian Medical Journal

OCTOBER 15, 1883.

Original Articles.

THE SCOTCH SYSTEM OF BOARDING OUT LUNATICS.

By JAMES V. M'CREERY, L.R.C.S.I.

Superintendent Kew Asylum.

There has been a growing desire manifested of late years, in the Parliament and press of the colony, to extend the system of boarding out to harmless lunatics. It is, therefore, of practical interest to the medical profession to inquire how far, and under what circumstances, the practice has been successful in other countries.

In Scotland the boarding out of the insane has been for many years ably and successfully carried out, and a knowledge of the Scotch system will help to prepare us for the consideration of the local question.

On the 31st of December 1881, there were 10,355 known lunatics in Scotland, and of these 1684 were boarded out. In 1858 there were 5823 lunatics, and of these 1804 were boarded out. We are, therefore, at once struck with the fact that there has been both a relative and absolute decrease in the number of persons so treated. But in 1861 only 18·6 per cent. of the boarded-out were under the care of strangers, while in 1881 this percentage had increased to 46·5. This indicates that strangers are often found more suitable than relatives in taking care of the mentally afflicted, and also that the number under the guardianship of strangers has increased during the last twenty years. Edinburgh boards out 23 per cent. of its lunatics, which is the largest proportion that any parish in Scotland is able to report.

The Parochial Boards seek out suitable homes for such pauper lunatics as either the parochial medical officers or the superintendents of the asylums may report to be fit for such provision. In most instances only one patient is allowed to live with each family, but occasionally two, three, or even four, are permitted to be in the same house. The medical and lay officers of the Parochial Boards visit all such cases at stated times, and one of the two

Deputy Commissioners-in-Lunacy visits each boarded-out lunatic at least once a year, and reports to the General Board of Commissioners-in-Lunacy for Scotland. The average payment per annum made by the parishes, for lunatics who live alone, amounts to £9 9s. 3d.; those living with strangers, £13 12s. 5d.; with relatives legally liable, £8 6s. 9d.; and with relatives not legally liable, £11 16s. 1½d. As to the class of patients provided for in this manner, Dr. Fraser, one of the Deputy Commissioners, reports that 87.4 per cent. of the cases he visited were clean in their habits, and 12.6 dirty; 52.1 per cent. were working for the persons with whom they were boarded out, 5.6 per cent. working for pay, and 42.3 per cent. were idle. Deputy-Commissioner Lawson found that in his district the patients could be classed as follows:

Imbeciles	49.8 per cent.
Idiots	15.7 „
Dements	12.8 „
Melancholics	2.4 „
Maniacs	19.8 „

Of these about 10 per cent. were epileptics. The average cost per annum for each pauper lunatic in the Scotch asylums is £26 12s. 3½d., in poorhouses £19 15s. 5d., and boarded out with strangers £13 12s. 5d.; so that the last-mentioned method of dealing with the insane seems to show a large saving. How far this is really the case it is not possible to say without very close examination, for the withdrawal of a certain number of harmless patients from an asylum would not render it possible to reduce the expenditure on the staff and general management in a like proportion; nor could their places be filled up with an equal number of dangerous and violent cases, for most asylums have only single rooms, and other arrangements necessary for a fixed proportion of these patients to the whole number of inmates. It is found in Scotland, as in other places, that there is an increasing tendency to send any form of nervous disease with which mental enfeeblement may be associated to the lunatic asylums, and also to turn these institutions into homes for aged persons whose faculties are failing. The boarding-out system is found to intercept many of these cases, to the no small relief of the asylums, the public purse, and the unfortunate persons themselves, whom the zeal of those in authority is anxious to rush into mad houses.

In every asylum will be found many quiet demented and imbeciles, who, together with the wrecks left by the storms of mania and melancholia, may, with careful selection, be entrusted to the care of humane and kind-hearted persons. Such are the patients generally found suitable for boarding out in Scotland. The home life recalls many a ray of light to the minds that seemed darkened for ever, when they formed but units of the population of even the best managed asylums. Attention has been called to the vast increase of attendant-power brought to bear in private homes. In most institutions there are ten or twelve patients to be looked after by each attendant; in private families there are often five or six persons to look after each patient; and this alone forms an important factor in strengthening and developing the mental faculties. Testimony is borne by the deputy commissioners as to the satisfactory manner in which the great majority of the cases are taken care of, those even who are dirty in their habits and confined to bed by paralysis. The result proves that the name "harmless lunatics" is well bestowed, as a singularly small amount of trouble has been caused, either to their guardians or the neighbours. One warning is however given, viz., that young women are not free from sexual dangers, even when boarded out with careful women.

An extract from the report of Deputy-Commissioner Fraser may serve to give a general idea of the advantages attending this system.

"Let me, however, sketch briefly what would be seen by a visit, say to Gartmore, where thirty patients are provided for. The patients in this village would be found enjoying the amenities of private homes, and the majority the freedom of rural life—their physical condition good; their complexions indicative of life in the fresh air and of satisfactory dietary; their clothing, cleanliness and tidiness as satisfactory as those of their neighbours, and as the nature of their work will permit; the home in which they live clean and orderly, having been well selected; their guardians good Scotch housewives; the expression of their faces happy and contented, except when their insanity determines otherwise; their interest and participation in family matters evident; and the individuality of each patient made prominent by being engaged each in a special sphere of duty."

How far it may be possible to reproduce, in a new country like Victoria, a system that has been the growth of years, in a land where money is more valuable and people more settled, is a question that experience alone can answer. It is, however, quite clear, that great care and caution must be exercised; and the temptation of rushing out a large number of patients, before the machinery for distributing and inspecting them is organised, has to be resisted.

Medical Society of Victoria.

ORDINARY MONTHLY MEETING.

WEDNESDAY, OCTOBER 3, 1888.

Present: Dr. James, Dr. Bird, Dr. Allen, Dr. Jamieson, Dr. McCreery, Dr. T. B. Ryan, Dr. C. Ryan, Dr. Neild, Dr. Williams, Dr. E. Barker, Dr. W. Barker, Dr. Wilson, Dr. Meyer, Dr. Syme, Dr. Bage, Dr. Adam, Dr. Webb, Dr. Gray, Dr. Bowen, Dr. Moloney, Dr. Brett, Dr. Backhouse, Dr. Hayman, and Dr. Phillips.

Mr. G. Talbot Woolley was also present as a visitor.

The President, Dr. James, occupied the chair. The minutes of previous general and special meetings were read and confirmed.

The Secretary stated that he had forwarded to the Chief Secretary copies of the resolutions agreed to at the special meeting of the Society, held on the 5th ult., and received a simple acknowledgment of receipt. Whether the result was in any way owing to the action of the Society in this matter might not be certain, but it was certain that Mr. Berry's proposals seemed to be indefinitely postponed; and the one point to which effect had been given, viz., Dr. Watkins' removal from Sunbury, had been revoked.

The report of the Hon. Librarian, Dr. Webb, on the condition of the Society's library was then read.

REPORT OF THE LIBRARIAN.

In accordance with the desire of the Committee of the Medical Society, during the last three months I have occupied my spare time in ascertaining the exact condition of the library—what

volumes are on the shelves, and what deficiencies should be made good—so as to put the collection in a satisfactory state for purposes of reference. To purchase the standard works of the day at the rate at which they are published, and so maintain a library of modern books for professional reading and circulation, would be impossible. Not only would the expense be too great, the funds for disposal even for binding being very limited, but there would be required an amount of wall space that our present hall is quite unable to provide. Consequently, it has been considered advisable, with the view of facilitating research, to endeavour, first, to perfect the sets of that group of journals that correspond to Dr. Neale's well-known Digest; and next, to recover the lost numbers, and maintain up to date the transactions of the scientific societies, the hospital reports, and various American serials, several of which are devoted to special branches of medical and surgical practice. Of the journals to which Dr. Neale's Digest relates, we have the *Lancet*, *Practitioner*, *Braithwaite's Retrospect*, and *Rankin's Abstract* complete. Of the *British Medical Association Journal*, *Medical Press and Circular*, *London Medical Gazette*, and *Royal London Ophthalmic Hospital Reports*, so few numbers are in the library that the Committee intend purchasing complete sets as soon as the necessary funds are available. The *Medical Times and Gazette* is complete from the year 1855; parts or volumes antecedent to that date will be thankfully received by the Librarian. The *British and Foreign Medico-Chirurgical Review* is complete, with the exception of the following parts:—January and April 1835, January 1838 to the end of 1847, April 1852, October 1854, October 1855, April 1858, July 1866, October 1866, October 1867, April 1868, January 1870, January 1872, October 1872, April 1874, October 1874, January 1875, January 1876, July 1877. Of the *London Medical Record* many numbers from 1 to 53 are wanting.

It will be seen from the above that the lost parts are numerous, and, to make the collection really serviceable for the purpose designed, they must be replaced, even if, in so doing, the cost be great. Early numbers, after the lapse of years, are difficult to get, though it may be that several of those so much required are lying forgotten as useless lumber on the shelf of some medical man's private library. I most sincerely hope that the readers of the *Medical Journal* and the members of the Society

will search their book-racks, and if any missing volumes, or old records of hospitals, medical transactions, &c., can be discovered, send them without delay either to my own address or the Society's Hall in Albert-street, East Melbourne.

J. H. WEBB,

5th October, 1883.

Hon. Librarian.

Dr. ALLEN thought that a special vote of thanks was due to Dr. Webb for the large amount of genuine work he had done since his election. He had not been at all sparing of either time or labour, or even money, as he had presented to the library a complete set of the *Lancet*, which could not easily be now obtained at any price.

The proposed vote of thanks was seconded by Dr. BOWEN, and unanimously accorded.

Dr. WEBB, in returning thanks, said that if members would give assistance, he had no doubt that, from the present good nucleus of a collection, a really valuable consulting library could be created, which would compare not unfavourably with those of older, and, in some respects, more prominent medical societies in other parts of the world.

Four gentlemen were nominated for election as members of the Society.

The following paper was then read :

**NOTES OF A CASE OF HUGE HYDATID TUMOUR,
WITH COMPLETE RECOVERY AFTER EXTRAC-
TION OF THE CYST.**

By S. D. BIRD, M.D. L.R.C.P. &c.

Miss J., æt. 20, spare habit, living principally in a suburb of Melbourne, but occasionally visiting country districts. An enormous hydatid cyst on the right side, the liver pushed down nearly to the pubes, and the dulness about up to the third inter-space. Marked fluctuation. Measurement over 5 inches larger on affected side. Never had any pain, but suffers much inconvenience from the bulk of the tumour, which makes her stand all on one side, like a person with lateral curvature of the spine. The fluctuation wave was continuous and uninterrupted from above to the margin of the liver below. The cyst was diagnosed as being between the lung and liver, above the diaphragm. A small trocar, introduced in the 7th inter-space, drew off no less than 10 pints of the usual clear fluid, with great relief. Bromides, kamela, and

turpentine were given internally, but with no good effect, for in two months the tumour was as large as before. Tapping was again resorted to, and two drachms of tincture iodine, with an equal quantity of water, was injected. No pain or pyrexia followed, but in a month things were even worse than before. A large trocar was now used, and the fluid was found to be purulent but odourless. Systematic washing-out of the cavity was now persisted in, through the canula, with iodised water, morning and evening, and after a few days portions of cyst began to come away, at first odourless, afterwards intensely foetid. The case being now apparently ripe for extraction of the cyst, I proceeded to do so, with the assistance of Dr. Cooke. A free incision was made in the 7th inter-space, and dilated with the little finger and probe-pointed bistoury, when with some difficulty the whole parasite was extracted. It filled nearly half an ordinary basin, and must have weighed considerably over a pound. It was necessary, afterwards, to have a special padded belt to support the liver in its place, and keep it from dragging the walls of the nidus of the cyst apart. The track of the cavity was sinuous and irregular, but reached right across the body. Such being the case it was not considered safe to close the wound for some time, and accordingly a largish drainage tube was kept in for some weeks, as pockets and lodgements of simple odourless pus repeatedly formed at various distances from the surface. Eventually, however, by the persistent use of astringent injections, and very careful support to the liver by the padded belt, the wound healed from the bottom about three months ago, and the young lady is now perfectly well. She never had a bad symptom beyond a trifling evening rise of temperature, when the main cyst was decomposing before it was removed. The case seems particularly interesting for these reasons: The great size and unusual position of the cyst, and absence of any pain or symptoms beyond bulk and distention, and the failure of ordinary treatment. In such a case it is evident that extraction of the whole parasite was the only safe and reliable treatment, but this could not be done until, by its decomposition, it was loosened from its nidus, which necessarily occupied a considerable time.

Dr. ALLEN said that he had seen the case at an earlier stage than that at which it came under Dr. Bird's treatment. He had been astonished at the bulk of the tumour. Fluctuation was perfect, and fremitus very distinct. He had doubted greatly what the result would be, as the tumour was much the largest he

had seen, and some very large ones had come under his observation. The comparative want of troublesome symptoms was certainly very remarkable. Judging from the circumstance that a probe could be passed completely across the body, he thought that the seat of the tumour must have been below the diaphragm. In the management of such cases, the importance of a free opening could not be over-estimated. As regards the difficulty of removing the cyst, it should be considered that, though the adhesions were loose, yet mere close contact over a large surface made removal difficult at an early stage. Another reason for delay was that it allowed time for the formation of granulations, and so diminished the risk of septic absorption. The advantage of a free opening consisted, among other things, in allowing free escape of the daughter cysts. The case was a valuable one for record, if on the ground merely of the complete recovery from a growth of such unusual size.

Dr. WILLIAMS agreed with the previous speaker as to the probable seat of the tumour. He thought that Dr. Bird was to be congratulated on having had such a good result.

The PRESIDENT thought that gratitude was due to Dr. Bird for presenting to the Society reports of this and other cases, and thus supplying help towards correct diagnosis and treatment. He was to be congratulated on his boldness, as well as on his success, in this instance.

Dr. BIRD replied shortly, saying that, practically, it was perhaps of little consequence whether the tumour had its seat above or below the diaphragm. He had been inclined, as stated, to think its situation to be above the diaphragm, from the difficulty of believing that that structure could have been pushed so far up by the growth. After what had been said, he was now inclined to the opinion that the seat was more probably between the liver and the diaphragm.

The Secretary gave the following notices of motion for next meeting on behalf of the Committee :

Proposed by Dr. ROBERTSON, seconded by Dr. BOWEN :

“That the following words be added at the end of Rule 5 :

‘Ordinary members may compound for their annual subscriptions by a single payment of twelve guineas.’”

That the following words be added at the end of Rule 20 :

And all sums, received from members compounding for their annual subscriptions, shall be devoted to the same fund."

He said that the need for change arose from the circumstance that the debentures on the hall would soon fall due, and that it would be necessary to make provision for meeting them. The intention was to appropriate all moneys, received from members who compounded for their annual subscriptions by making a single payment, to form a sinking fund to pay off debentures falling due.

EXHIBITS BY DR. BACKHOUSE, M.B.

I.—Fatty Tumour of Scrotum—Weight Fifteen and three-quarter Ounces.

Removed by Dr. Blair from a boy æt. 11. The operation was performed with antiseptic precautions. The right testicle was found and preserved, the left one had apparently not descended. There was little hæmorrhage, and the boy made an excellent recovery. The tumour had been noticed for five years. The case is of interest as occurring in a boy of so young an age.

II.—Calculus Encysted in Membranous Portion of Urethra.

This specimen was obtained from a man æt. 76, who was admitted in a dying state. On passing a catheter, the stone could be easily felt. It could be detected in the membranous portion of the urethra, through the perineum, and was movable. The walls of the bladder were much hypertrophied, and the mucous membrane in a shaggy state, and portions of it of a port-wine colour; prostate enlarged. The calculus is of a pear shape, the size of a French bean, and the nucleus seems to be a portion of a gum elastic bougie, which is distinctly visible.

EXHIBITS BY DR. ALLEN.

DR. ALLEN then exhibited a number of specimens, of which he has furnished the following histories and descriptions :

(1.) Hodgkin's Disease.

The spleen here shown is much enlarged, weighing 17 ounces; on its surface can be seen numerous smooth patches, and broad, lowly rounded, projecting nodules of yellow colour more or less mottled with red; but the serous coat itself is everywhere smooth,

and free from any trace of inflammation or new growth. On section, the substance of the spleen is studded with homogeneous yellow bacony growths, varying in size, with defined borders but without any tendency to encapsulation. Some of these growths are perfectly separate and discrete; others are aggregated together; and here and there they form rounded prominent masses of mottled yellow and red colour, the largest being over an inch and a third in diameter, another measuring $\frac{1}{2}$ inch across. They are all fleshy, moderately firm, with scarcely any juice, and with no tendency to caseation.

A second specimen from the same patient shows the larynx and trachea with the blood-vessels and glands of the neck; the glands are swollen into large masses, retaining, however, their own distinctness of outline, though sometimes bound closely together. On section the glands are grey, firm, fleshy, with very little free juice; and as a rule, even around the bifurcation of the trachea, free from any marked traces of degeneration. Many superficial glands on the left side have softened and ulcerated. One gland however, high up on the right side of the neck, is very hard and opaque, being infiltrated with earthy salts. The thyroid gland is unaffected; the great vessels at the root of the neck are surrounded by glandular growths but not compressed. The pneumo-gastric nerves and their inferior laryngeal branches were more or less bound down, the right recurrent nerve in especial being firmly buried among firm gland growths.

A third specimen, also from the same subject, shows one of the upper coils of the ileum, with the mesentery attached; in one of Peyer's patches there is a single shallow ulcer nearly three-quarters of an inch in diameter, of almost rounded form, though tending slightly to spread transversely; the edge is fairly even and slightly shelving; the base greyish, opaque, minutely pitted; the peritoneal and subperitoneal tissues opposite are densely infiltrated with grey miliary tubercles, and lines of tubercles extend along the lacteals to the mesenteric glands, which are swollen, dry and cheesy, with dots of tubercle in the peritoneum over them. There was no other ulcer in any part of the intestine.

Under the microscope, the enlarged glands of the neck presented a typical lymphomatous structure, small rounded cells being closely set in a delicate reticulum, the latter being in part composed of delicate spindle cells with long outrunners. At parts the

reticulum was more developed, forming almost an alveolar structure. The tumours in the spleen had a very similar structure, the trabeculæ of the spleen itself being broad and firm.

At the autopsy the body was found much emaciated, a deep ulcer occupying much of the left side of the neck. The glands immediately beneath the ulcer were somewhat opaque and yellowish. The lungs were pale in front, congested and friable posteriorly, but altogether free from tubercle. Fine grey granules were thinly scattered through the substance of the liver. The kidneys were large and pale, weighing together $12\frac{1}{2}$ ounces. The glands all along the spine as far downwards as the sacrum were lymphomatous, with here and there a trace of cheesy change. The mucous membrane of the intestines was spotted with black pigment, with patches of lymphatic œdema occasional; there was only a single ulcer present, forming one of the specimens now shown.

The patient, M. B., æt. 14, was first admitted under the care of Dr. Moloney, on April 15, 1881. Three years before, a small hard lump formed just below the angle of the jaw on the right side; other glands enlarged in rapid succession on the same side of the neck, and latterly they have become painful. About a week before admission, she caught cold, with pain in the back and limbs, and difficulty of breathing, as if something were pressing on the windpipe. The pain continued to increase, and the patient was transferred to Dr. Beaney, who applied iodine and subsequently passed a seton through the upper glands. On June 19, she was sent home with instructions to report herself from time to time. Nearly two years later, on April 6, 1883, she was re-admitted under the care of Dr. Howitt. She then stated that, after the introduction of the seton, improvement took place and the wound healed. However, the growths continued slowly to increase, and twelve months ago the left side also became affected, similar lumps forming there, enlarging, and becoming painful, until two months before admission one of them burst and discharged matter; since then the patient has continued more or less feverish.

On admission, the body was emaciated, but there were no marked signs of struma. The right side of the neck was swollen from the jaw to the clavicle, the glands being enlarged and blended into a hard, painless, nodular mass. The glands in the right axilla were slightly swollen. On the left side of the neck

the glands were similarly enlarged, but at the lower part there was a sloughing cavity, two inches wide and an inch deep. The veins over the chest were prominent; the chest sounds fairly healthy. The patient remained in Hospital until May 4, and during this time a typical suppurative fever continued, as may be seen from the following table :

TABLE OF TEMPERATURE.

	Morning.	Evening.		Morning.	Evening.
April 6	—	103°	April 20	100°	102°
„ 7	101·4°	104	„ 21	100	101·8
„ 8	100·1	102·4	„ 22	99·8	101
„ 9	99·8	101	„ 23	100	101
„ 10	100	104	„ 24	99	101·4
„ 11	98·4	102	„ 25	100	101
„ 12	100	101·4	„ 26	100	101
„ 13	99	102	„ 27	101·2	103
„ 14	100	102	„ 28	101	103·4
„ 15	100	103	„ 29	101	103·8
„ 16	99·2	102·4	„ 30	100·6	103·9
„ 17	99·6	103	May 1	99	103
„ 18	100	102	„ 2	100	100·8
„ 19	100·4	101·8	„ 3	98·6	100·7

During the rest of May, June, and July, the patient remained away from the Hospital; but in August she was re-admitted under the care of Dr. Williams, with marked emaciation, continued ulceration of the neck, dropsy, chiefly about the ankles, diarrhoea, and occasional slight hæmorrhage from the bowels. On the 25th she was transferred to Mr. Howitt's ward; the dropsy had then disappeared, but the diarrhoea was intractable, and there was incontinence of urine. The following was the range of temperature until her death on September 3rd.

RECORDS OF TEMPERATURE.

	Morning.	Evening.		Morning.	Evening.
Aug. 25	—	102°	Aug. 30	101°	101·6°
„ 26	100°	103	„ 31	100	102
„ 27	120	102	Sept. 1	100	101
„ 28	100	101	„ 2	100	101
„ 29	99·8	102·8	„ 3	100	died.

(2.) Amyloid Spleen.

This specimen consists of one half of an amyloid spleen, weighing altogether 26½ ounces; the capsule is smooth and tense, somewhat opaque at parts; the cut surface is smooth and bloodless, with swollen, translucent, pinkish grey Malpighian bodies thickly studded in the unaltered basis substance of the spleen. The substance is firm,

but inelastic, an enduring depression being produced by steady pressure with the finger. Here and there, too, are small old calcified tubercles completely encapsuled by fibroid tissue. On the application of iodine solution the Malpighian bodies assume the typical walnut colour, the intervening tissues simply taking the yellow tinge of the solution.

This specimen was obtained from J. H., æt. 23, who was admitted to the medical side of the Hospital on May 4th last, and transferred to the care of Mr. James on May 22nd. His illness commenced eighteen months previously, with dull aching pain over the lumbar spine, which set in after he had been sleeping on a heap of new sawdust. About ten months ago the spine began to project backwards at about the 10th dorsal vertebra, and three months later a swelling appeared in the left iliac fossa, with great pain down the right thigh especially on standing erect. Subsequently another swelling appeared in the right groin; his legs began to swell, and after some stay in the Albury and Beechworth Hospitals he came to Melbourne.

On admission he had a huge double abscess in the ilio-psoas muscles, and the spleen was decidedly enlarged. The abscesses were repeatedly aspirated, as well as another which presented in the right lumbar region. The œdema of the lower limbs came and went, according to the tension of the sacs and the general condition of the patient. Vomiting and diarrhœa frequently were troublesome symptoms. In repeated operations over two gallons and a half of pus was removed. At last the right abscess was tapped with a trocar and a drainage tube was inserted; but after much vomiting and diarrhœa the patient died exhausted on August 11th.

At the autopsy, the cartilage between the bodies of the 11th and 12th dorsal vertebræ had disappeared, the bones being fused together, and the spine of the 11th dorsal projecting backwards. More recently the cartilage between the 1st and 2nd lumbar vertebræ had been destroyed, and caries extended along the front of the bodies of the vertebræ as high as the 7th dorsal. The iliopsoas muscles were immensely distended with pus, the ureters and spermatic vessels being much displaced, and the lumbar nerves passing through the abscess cavities; the iliac veins were compressed, and their walls thickened, but they contained no thrombi. There were little calcified tubercles all over the surfaces of the lungs, with firm tubercles of more recent date scattered through the substance of these organs; at the left apex were old

puckered scars, with cheesy and calcareous relics; and the bronchial glands were pigmented, cheesy and calcareous. The liver, kidneys, stomach, and intestines were all amyloid. The thyroid glands much enlarged, but free from amyloid deposit.

(3.) *Phthisical Kidneys.*

Of the two kidneys now exhibited one is small, contracted, atrophied, with thickened adherent capsule, and scarcely any cortical tissues; the lower half of the kidney is occupied by one large sac, and one smaller one, full of soft yellowish white putty-like matter. The large sac measures an inch and two-fifths across, and both are bounded superficially only by the thickened capsule. The hilus contains a considerable quantity of fatty tissue. For this specimen the Museum is indebted to the kindness of Dr. Stirling; it was obtained from a phthisical patient who died suddenly, and whose remains formed the subject of an inquest at the morgue. No history relating to the kidneys could be obtained.

The second kidney is considerably larger, weighing originally 8 oz. At its lower end is a large conical sac full of pure white putty-like matter, and bounded as in the last specimen only by the thickened adherent capsule, the surface of kidney opposite the sac for about an inch and three-quarters being pale and nodulated. Elsewhere the capsule peeled easily, and the surface of kidney was smooth. Just above the large sac a smaller one, with similar contents, is being excavated in the substance of the kidney; and still higher several calyces are becoming dilated, their inner surfaces being ulcerated and studded with coarse greyish granules, the ulceration spreading into the apices of the corresponding pyramids.

The specimen was obtained from M. D., aged 30, who died in Dr. Williams' ward on August 24th, 1883, from advanced pulmonary phthisis with numerous cavities in both lungs. The spleen was amyloid, weighing 6 oz.; the liver was fatty, weighing 70 oz. The history extended over only twelve months, and the symptoms were just those of a typical case of phthisis.

DR. ALLEN also exhibited specimens of acute miliary tuberculosis of the spleen, and of semilunar ganglia, showing the varieties in shape which the latter present even in health; and specimens showing enlargement and toughening of them. In addition, he also brought forward a testicle with its vessels

after operation for the radical cure of varicocele ; an incision was made over the cord and the veins occluded with a kangaroo tendon ; sloughing of the scrotum followed, with some ulceration around the ligature ; and phlebitis then set in, the left spermatic vein being plugged with adherent softened clot as high as its junction with the left renal. Death occurred by septicæmia.

Fœtuses with membranes, belonging to the second and third months, and a specimen of incompetent aortic valve, with vegetations and ulcerations, were also shown.

After the ordinary meeting, a special meeting was held to consider the following motion by Dr. Allen, notice of which had been given :

“That in the 4th line of Rule 2, the following words be omitted :

‘Three Editors of the *Australian Medical Journal*.’”

And that a new Rule 4A be created as follows :

“The *Australian Medical Journal* shall be the organ of the Society. It shall be conducted by an Editor and two Departmental Editors ; the Editors shall be appointed annually by the Committee as soon as possible after the Annual Meeting. The Editors shall be *ex officio* members of the Committee of Management.”

In support of his motion, Dr. ALLEN said that there were two special points concerned in it. The first was the necessity for having it clearly laid down that there should be one responsible Editor, who should have the duty of treating directly with the publishers, and of settling finally what was to be inserted in each number. It was but fair, however, that he should have assistance in the work, and assistance from persons specially appointed to give it, and responsible for particular departments. Probably enough the Editor might continue to act for a considerable period, while it was just as likely that rather frequent changes of Departmental Editors would be necessary. The second point in the motion was that the election should be placed in the hands of the Committee. It was above all things desirable that the gentlemen elected should work together harmoniously, and there was no security that this would be the case if elections were made in open meeting. If that method were followed, it might readily happen that persons, in some respects quite incompatible, would be brought together, and the effect could not fail to be bad. Election

by the Committee was the best method for securing efficiency and making the *Journal* a success. He had himself ceased to have any editorial position ; but he had experience of the mode of working, and thought he could speak in an unprejudiced way.

The motion was seconded by Dr. MOLONEY, who asked, for the sake of clearness, whether it was intended that editors should be chosen by the Committee from its own members just after the annual election, or whether members of the Society, outside of the Committee, might be elected.

It was explained by the mover that this was left deliberately an open question, so that the Committee might elect whatever persons were considered most fitted for the position. If an ordinary member was chosen, he would thereby become *ex officio* a member of Committee.

The motion was then put, and unanimously agreed to.

Hospital Reports.

EYE AND EAR HOSPITAL.

Report of a Case of Albuminuric Neuro-Retinitis, occurring during Pregnancy, and presenting some unusual features.

Under the care of and reported by Mr. AUBREY BOWEN.

I report the following case, partly because marked albuminuric neuro-retinitis in a young and previously healthy person, and occurring during pregnancy, is of somewhat rare occurrence, and partly because the course of the disease was unusual. Unfortunately, owing to my losing sight of the case, I was unable to follow out the only form of treatment that, in my opinion, would have been of any avail, and which I shall mention, after having given the details of the case.

S. B., a fine healthy girl, aged 20, married, came to the hospital in April, 1883. She was seven months pregnant. Her eyesight, she said, had been getting dim for a fortnight, her head seemed to swim, and the cheeks had become swollen round the eyes. The pupils were somewhat dilated. On ophthalmoscopic examination the retina was found spotted over a large area with the characteristic white patches of albuminuric retinitis, and with numerous striated retinal hæmorrhages in both eyes. The optic discs were

swollen, and the outlines obscure, more especially the left one. The sight was getting dimmer every day, and she could only see large print. On examination the urine was found loaded with albumen. She was now lost sight of, and did not re-appear at the hospital until the beginning of June (during this period she had been confined of a dead infant.) She was perfectly well as regards her general health, and all signs of albumen had gone.

On examination of the fundus, the patches of effusion had disappeared almost entirely, as had also the blood streaks, but the optic nerves had evidently suffered severely, and, in the left eye, the disc was in a state of advanced atrophy, with shallow cupping, and obliteration and diminution of vessels. The field of vision was much curtailed in the left eye, but only to a small extent in the right one. It should be mentioned that, during and about the time of her confinement, she could not see light. She could now just distinguish No. 60 Snellen at two feet distance.

Although these cases are often mentioned in books, my experience in various hospitals has led me to the conclusion that they are of rare occurrence, and more especially in an otherwise young and healthy subject, with no dilatation of the left ventricle or organic disease of kidney; and I am of opinion that, in her case, the cause of the temporary ailment was the pressure of the uterus on the kidneys (renal vessels.) I made an effort to arrange for premature delivery being procured, but did not succeed. I believe that if this had been done at the very commencement of the disease, all the effusions would have been rapidly absorbed, and the eyesight but little injured. In general, in the few cases I have seen recorded, the sight recovers to a much greater extent, and atrophy of the optic nerve does not usually supervene.

CHILDREN'S HOSPITAL.

Case of Lithotomy during Desquamation of Scarlatina.

Under the care of the late Mr. GARRARD.

Reported by T. R. H. WILLIS, M.B., Resident Surgeon.

Ernest James, aged 8 years, was admitted May 14th, 1881, suffering from stone in the bladder. On May 24th, and before there had been any operative interference, he developed a scarlatinal rash. He was immediately isolated and put under the necessary treatment.

On June 10th, he was desquamating freely ; had wasted very much ; very low ; developing bed-sores ; passing urine involuntarily ; taking only fluid food, and very little even of that.

On June 16th had several bed-sores ; could not sit up ; could not sleep at night from the pain he was suffering ; still desquamating (three weeks after rash appeared.) About a third by volume of urine was albumen. On consultation it was determined to operate at once. Patient was put under chloroform and the median operation performed ; the calculus removed consisted of lithates, with a hard central phosphatic nucleus, and a soft external surface, very irregular and crumbling easily. After the operation a suppository of morphia gr. $\frac{1}{4}$ was administered.

June 17th.—Patient slept well after the operation ; had very little bleeding, and no pain ; looked brighter than he had done for some weeks.

June 18th.—Progressing favourably ; no untoward symptoms ; bed-sores improving.

June 20th.—Some slight suppuration about edges of wound, but very little pain ; did not sleep so well ; water passing entirely through wound. Bowels not opened since operation ; ordered ol. ricini 3 ij, to be repeated if necessary.

June 21st.—Again slept badly ; bowels opened ; had slight hæmorrhage from the wound when passing fæces.

June 29th.—Had improved greatly ; appetite very good, but had lost a great deal of flesh ; was now ordered iron and muriatic acid.

July 15th.—Had recovered comparatively good health ; bed-sores greatly improved, the smaller ones entirely healed.

From this time the patient had a rapid convalescence, without a bad symptom of any sort, and left the Hospital well on August 28th. Some weeks afterwards he returned as an out-patient, suffering from incontinence of urine, but this soon yielded to appropriate treatment.

Australian Medical Journal.

OCTOBER 1883.

HEALTH AND EDUCATION.

It is fortunate, we think, that in the course of popular lectures given under the auspices of the Australian Health Society, there should have been one given to the important subject of the relations between health and education. There are many who think that the desire to have the population well educated is pushed too far, and that an attempt is made to introduce more knowledge into the youthful mind than can with advantage be accomplished. The dispute is not about the desirability of making school education universal, but about method and quantity. There is no room for question that it must be an advantage to have the brain, as an organ of the body, properly exercised, and that neglect of such exercise is, in its own way, as likely to be injurious as similar neglect in the case of other organs. In fact, in view of the supreme controlling influence of the brain, as the organ of the mind, want of cultivation of it must be expected to have more serious injury, as a consequence, than can possibly be the case with any other organ. But the very fact of this importance makes it necessary to see that brain exercise is neither excessive in amount nor improper in quality. There is little doubt that scholars of all degrees, from the child attending a State school to the student attending the University, have more expected from them than was the case a few years ago. The hours devoted to study are, on the average, longer, the subjects more numerous and complicated, and the tests, in the shape of examinations, more frequent and severe. And, withal, there are many persons—and these not the least thoughtful and intelligent—who entertain serious doubts, whether the result is at all adequate to the imposing machinery brought to bear in the imparting of school and college training. There is a limit to the amount of intellectual forcing which the average child or youth can with

advantage be subjected to, and it is likely enough that increase of range often means simply greater superficiality.

We do not think that real and permanent injury to health is often due to mere over-study. If intellectual work, like any other kind of exercise, is carried on quietly and systematically, and not by spurts and under the influence of worry and other unhealthy kinds of stimulation, a large amount may be done with nothing but benefit. It cannot be too much insisted on as a rule, in every form of intellectual effort, that it is worry and not work which does harm. The effect of our extended curricula, with the average pupil, is just that nothing is thoroughly learned; and that foolish self-conceit is encouraged, and flighty, unsettled habits are acquired. The eager and over-zealous student, too, driven on by the stimulus of prizes, and by the necessity of preparing for oft-recurring examinations, is sometimes injured in bodily health, but he is more frequently tempted to overload himself with a mere knowledge of schemes and systems from text-books, and so suffer even more from mental indigestion. We think, then, that the fear of bodily disease being caused by too much study is much exaggerated, and that the mental ills are more serious. Not that actual insanity, or serious mental derangement is often produced, but that solidity of character and comprehensiveness of mind are likely to be sacrificed. Information was sought on this point recently in the House of Commons. A member asked the Minister whether it was true that there had, during the last ten years, been a large increase of brain disease and of lunacy among children of school age, without a proportionate increase among the population generally. The reply was that, according to the report of the Lunacy Commissioners, there had actually been a decrease in the amount of insanity, as an acquired condition, among children of late years. It was also stated that among teachers the proportion of insanity was not so large as in the army, or among the clergy and the members of the bar. Of course, the fact that there is no increase of insanity among children or late years, under the increasing stress of school competi-

tion, by no means proves that injury is not often sustained. Over-exertion of the brain in a child is less likely than in the adult to result in insanity, and more likely to take the form of acute brain disease, of which the Lunacy Commissioners could take no cognisance.

The mistake in the present system of school education is to make it too much a mere matter of book work, and to over-burden young children especially with home tasks. The effect is that growing children, at a time when they most need active exercise for their limbs, and as much open-air life as possible, are kept within doors, often in a constrained attitude, for six or eight hours, or even longer, nearly every day, to their great detriment. Education, in any right sense of the word, cannot but promote health; but it by no means follows that the same is true of school life as ordinarily carried out. Quite the opposite is certainly often the truth. Various abnormalities of vision, and especially myopia, in both sexes; and anæmia and spinal deformities, more particularly among girls, are very frequently traceable to bad habits, encouraged or permitted during the school period. Most parents complain, and often rightly, of the large amount of home tasks. Independently, also, of their mere amount, they are frequently unsuitable for performance in the evening, considering what kind of place the home often is, and the inability on the part of many parents to give assistance. Tasks involving much writing certainly should not be done by preference, as is now the case, at night, with artificial light and unsuitable tables and seats, such as are to be found in the ordinary furniture of dwellings. Under such circumstances, there is more than probability, that the exercise-writing is done with the maximum of disadvantage, in a bad and constrained attitude, with insufficient or badly-placed light, and in the midst of worry and interruption. Home tasks should, as far as possible, and particularly among young children and those attending State schools, be limited to repetitions, or to reading and learning by heart from books of large, clear type, such as all good school-books now are. By attention

to such matters much might be done to check the increase of short-sight among young persons, and to prevent the foundation being laid of the delicate health, which is almost becoming the rule among girls and young women at the present day.

The subject of cremation has been discussed on several occasions in this colony, without any advance being made towards its adoption. It has been again advocated by Dr. Brett, in a lecture under the auspices of the Health Society, on the 24th ult. There is no doubt that excellent arguments can be brought forward in favor of this mode of disposal of the dead, and they were well presented by Dr. Brett. The arguments opposed to its adoption are not very grave, the only serious one being that which refers to the risk of cases of poisoning being made impossible of detection, when suspicion has been excited too late to allow of examination of the body. That difficulty could be overcome, by making it compulsory to have a post-mortem examination of every body which it was proposed to cremate, or at least to make some extra precautions compulsory for arriving at the real and unmistakable cause of death. The question, however, is not at present one which is hindered from general realisation by scientific or other objections; the real difficulty, no doubt, being a sentimental one. How little the method yet commends itself to the popular feeling could scarcely be better shown than by the statement in the lecture, that, in twelve years, there had not been more than 500 instances of its adoption in all Europe and America. That earth burial, at least in populous communities, is a bad system, by no means devoid of dangers to the living, there can be no doubt, and perhaps the public may be, in time, educated up to the point of accepting cremation as an improvement on it. Dr. Brett might easily have selected a subject which would have been more popular, but it is not necessarily true that it would have been either more important or more useful.

HOSPITALS FOR THE INSANE.

The report of Dr. Dick, inspector of Lunatic Asylums, on the Hospitals for the Insane, for the year 1882, has just been presented to Parliament. It comes opportunely, in connection with the discussion which has been raised by the action of the Chief Secretary, and we therefore make some extracts on points of interest.

"A total of 3709 patients were under treatment during the year, an increase of 41 compared with the previous year. Five hundred and sixty-two patients were discharged from the various asylums; of these, 252 had recovered, 21 had improved, 3 were discharged on bond, 64 were transferred, 24 escaped, 185 died in the asylum, and 13 died whilst on leave. There were thus remaining at the end of the year 3147 patients, consisting of 1732 males and 1415 females, being a reduction of sixteen during the twelve months, the first instance of such an occurrence in the history of Victorian asylums. The total number of admissions, including re-admissions, was 465, a reduction of 94 on the average of the last 14 years, which is 559. The ratio of admissions to population, estimated at 906,223 at the end of the year, is .51 per 1000, as against .61 per 1000 for the year 1881. 252 patients recovered, 117 men and 135 women, or 54.19 per cent. on the admissions and re-admissions. This is a marked advance on the corresponding proportion of the previous year, when only 37.68 per cent. recovered; and such a result is due principally to the large increase of recoveries at Yarra Bend, Kew, and Ararat. The total number of deaths was 198, equal to 6.82 per cent. on the daily average numbers resident; of these 185 died in the asylum, and 13 died whilst on leave. The mortality, calculated on the total number under care during the year, after deducting those transferred and retaken, was 5.45 per cent. As compared with former years, this result is a considerable reduction, the average mortality from the year 1868 to the year 1881 amounting to 7.37 per cent. In England the mortality per cent. on the daily average was 9.24, and on the total under care 7.37; while in New South Wales for the year 1881 the mortality on the daily average numbers resident was only 5.46, and on the number under care it was so low as 4.83. The amount collected by the Master in Lunacy for the maintenance of patients was £5389, an increase of £655 18s. 9d. on the

previous year's collections, which amounted to £4733 1s. 3d. The sum realised from fines, sales, and fees was £523 7s. 8d., a decrease of £62 19s. 9d. on that of the year 1881. The cost of maintenance was as follows, viz.:—For patients treated in the public lunatic asylums, £86,948 16s. 10d.; in lunacy wards of public hospitals, £259 10s.; and for four females who were boarded out with private families, £72 3s. 1d. A sum of £1200 2s. 4d. was paid for expenses connected with the committals of lunatics to the public asylums and lunacy wards, and the general expenses of inspection, cost of inspector's office, and the official visitation of asylums, amounted to £1671 5s. 8d. As compared with the year 1881, the public establishments show increase in cost this year to the extent of £4975 13s. 6d., and the average weekly maintenance rate of each patient has been thereby increased by $4\frac{1}{2}$ d.—from 10s. $4\frac{1}{2}$ d. per week to 10s. 9d. per week. This is, however, chiefly due to the increased rates of a very large number of items procured under the general contracts during the latter half of the year.

The expenditure of the Department of Hospitals for the Insane during the year 1882 was :

General expenses	..	..	..	..	£1671	5	8
Maintenance—							
Yarra Bend	..	..	..	..	26,801	3	6
Kew	..	..	..	..	22,660	10	7
Ararat	..	..	..	..	13,801	18	3
Beechworth	..	..	..	..	13,232	16	4
Sunbury	..	..	..	..	10,952	8	2
Lunacy Ward, Bendigo	..	..	..	..	84	15	0
Castlemaine	..	..	..	..	114	0	0
Geelong	..	..	..	..	60	15	0
Expenses in connection with the committals of lunatics	..	..	..	..	1200	2	4
Total	..	..	..	..	£90,079	14	10

At the end of the year, 1636 males and 1292 females remained in the various lunatic asylums, or a total of 2928. Accommodation is provided for 1674 men, and 1254 women, *i.e.*, for 2928 patients, the number above quoted as remaining at the end of 1882. It is thus apparent that the asylum accommodation is just about exhausted. In view of this emergency, means must be devised to divert the overcrowding, with its attendant evils, which must otherwise ensue. In connexion with this difficulty, the boarding-out system—by which is to be understood the placing of a certain

class of patients under the care of friends or strangers, who shall receive a weekly allowance of money as compensation, is worthy of serious consideration. That this mode of dealing with patients would be attended with many advantages to themselves as well as to the state there is good reason to believe. It is to be remembered, also, that a modification of this plan is already in existence in the form of probation leave. During the past year as many as 551 patients were out of the asylums on trial, and there has been an average during the year of about 230 constantly absent under the provisions of Section 60 of the Act.

Review.

* TYPHOID FEVER IN VICTORIA.

In spite of the great amount of scientific skill and labour which have been devoted, by many of the best minds in our profession, to the study of typhoid fever, it must be admitted that many points in connection with it are yet far from being settled. Dr. Barrett has had the laudable ambition to make a contribution towards the settlement of matters in dispute, more especially as regards the etiology of this disease. He has not felt that the elaborate and long-continued inquiries of the late Dr. William Thomson have exhausted the subject, so far as Victorian materials are concerned. This may be quite true, but we cannot help regretting that nowhere in the course of this publication is any mention, even the most casual, made of Dr. Thomson's investigations. These may not have been always carried on in a perfectly judicial spirit; but the zeal and ability displayed were undoubted, and good was done by forcing on the public attention the two circumstances, that typhoid is unduly prevalent in this Colony, and that it is eminently a preventible disease. We would have thought more then, and not less, of Dr. Barrett's own work, if he had made some reference to that of his predecessor, whose main conclusions agreed closely with his own. The impression conveyed, unwittingly and unintentionally we presume, is that here, for the first time, the writer, to use the words of the preface, is "corroborating the observations of others from Victorian evidence."

* "Typhoid Fever in Victoria:" By JAMES W. BARRETT, M.B., Ch. B.
Section I. Melbourne: George Robertson.

While making this protest in the interest of literary and scientific fairness, we have no intention of questioning the merits of Dr. Barrett's book, or throwing doubt at all on the original character of his contributions. The labour devoted to the preparation of this section, comparatively small in bulk as it is, must have been great, and we have nothing but commendation to award to the earnestness and ability displayed in the rather thankless, because little appreciated task of compiling statistical evidence for the settlement of questions in pathology and therapeutics. Of the usefulness of the statistical method the writer of this notice has no doubt, though, from experience, he is perhaps more fully sensible of its difficulties and fallacies than is generally the case.

Enough, however, by way of general observations, the remaining space at our disposal being needed for a statement of the conclusions arrived at by Dr. Barrett, and for whatever remarks may be suggested by their consideration. It is right to say at once, that a good deal of the data provided is, in our opinion, insufficient to admit of conclusions being based on it; and besides this insufficiency, there are defects inherent to some parts which take largely from their demonstrative value. If we point out what seem to be imperfections, we have no doubt that the author will take our criticisms in the spirit intended, and will believe that they are made simply in the interests of scientific accuracy, and with a desire to help rather than hinder him in his labours as an original inquirer.

Chapter I. is devoted to an endeavour to prove the identity of the forms of continued fever existing in Victoria. It may be regarded as settled that there are minimal and abortive cases of typhoid fever, and that it is quite impossible to draw exact lines of distinction between these mild and doubtful cases and those which certainly are, and are not typhoid. But to push this argument from ignorance further, and claim that all cases characterised by mild fever, and lasting perhaps not more than one or two days, must be ascribed to the action of a specific typhoid virus, simply because we cannot discover any other cause, is not so easily admissible. It is by no means easy, especially in the case of children, to decide whether or not such febrile attacks of short duration are due to some gastric derangement or mere catarrh. We do not think that the admissions into the Melbourne Hospital can supply satisfactory evidence on the matter, since children are admitted in com-

paratively small proportion, and also because only cases of considerable severity are likely to be admitted at all. But even supposing the admissions from all forms of fever to be suitable as statistical material, we must also venture to dissent from Dr. Barrett's conclusion from them, that typhoid and febricula are shown, by the tables and diagrams, to correspond in frequency, either year by year or season by season. Taking the table on page 9, very striking deviations are observable; and even admitting the explanation given of these departures from parallelism in 1878, 1882, and 1883, it is only necessary to take other three years, 1874, 1875, and 1880, to show how little approach to uniformity is exhibited. In these years the cases of typhoid numbered respectively 94, 95, and 97; while those of febricula were 35, 23, and 18, or proportions of 2.68, 4.13, and 5.38 to 1. Neither is the seasonal correspondence sufficient to help toward establishing community of origin. In the five months, January to March, the admissions from typhoid are represented as having been in the proportion of 4.37 to 1 of febricula; while, in the remaining seven months, they were in the proportion of only 2 to 1. An attempt has been made to prove too much, or at least to bring evidence in itself weak or irrelevant, which is always unfortunate, since it tends to convey the impression that the case is a weak one which needs such doubtful support. Still more unfortunate is it if the impression is conveyed, that an endeavour is being made to collect evidence in support of a thesis, an error to which experience shows the statistical inquirer to be specially prone, the best proof being contained in the common saying that you can make figures prove anything. Dr. Barrett's third argument "that exposure to typhoid poison may cause febricula," may be at once admitted, though it really conveys nothing more than this: that there are very mild cases of typhoid. The cases adduced in support of this, as well as of the fifth argument, are interesting, as showing how the mildest forms gradually shade off into the severer, and so supplying confirmation of the opinion that cases of "febricula," "simple continued fever," &c., are often merely typhoid in a mild form. It is doubtful if more than this has been or can be established.

In the second chapter, "On the relation of diarrhoeal affections to typhoid fever," tables and charts are given, showing the comparative prevalence and mortality of these conditions in different months in Melbourne, Ballarat, and Sandhurst; but, as perhaps

might have been foreseen, no satisfactory evidence is obtained of a relation of affinity existing between them. The causes of diarrhoea are so numerous and varied, that fallacies are sure to creep into any comparison such as is made in this chapter; and Dr. Barrett is probably right in leaving the question unsolved as to whether a poison, originally capable of causing mere diarrhoea, may in some way become intensified until it becomes capable of producing true typhoid. The figures collected are not any the less interesting, and may be useful in some other direction.

Chapter III. discusses the seasonal prevalence of typhoid fever, and the conclusion is arrived at that most cases, on the average, occur in April, though the actual mortality is generally greater in May. As a matter of fact, it is shown that there are great differences in this respect in different years.

Chapter IV. is devoted to proving, in opposition to Liebermeister and Murchison, that typhoid is commoner in females than in males; and from the circumstance that relatively more cases of febricula are admitted into the female than into the male wards of the Melbourne Hospital, a further argument is got in support of the identity of these two affections.

In Chapter V. the age at which persons are most liable to be attacked by typhoid fever is discussed. The conclusion arrived at is based on a table, showing the number of deaths and mean population at different ages for the ten years 1871-80, with the proportion per 10,000 persons living. Dr. Barrett correctly points out that probably, among young children, cases are not unfrequently registered as due to typhoid, when some other cause (gastric affections) was actually at work. Correction being, as far as possible, made for this error, and for the increasing mortality at advanced ages, it appears that "typhoid fever is much more prevalent, relatively, in the advanced years of life than is generally supposed, and is probably most frequent between 15 and 25 years of age, and least frequent between 35 and 55, its frequency again increasing in advanced life." Of course, the corrections above mentioned as necessary must be, to some extent, arbitrary, and we are inclined to the opinion that Dr. Barrett has hardly made sufficient allowance for the high rate of mortality among old persons, and that the apparent increase of frequency in advanced life is only apparent.

Chapter VI. is on the very important subject of the influence of climatic conditions on the prevalence of typhoid fever. The

only conclusion arrived at is "that there is a distinct relation between the dryness or wetness of a season and the number of typhoid cases occurring in that season; and that a wet season means a mild typhoid fever season, and a dry one a severe typhoid fever season." Dr. Thomson's discussion of the influence of meteorological conditions is much fuller and more elaborate, and his conclusions are a little less definitely expressed. "There would not appear to be any more regular connection than occasional coincidence between heat and rainfall and fever; while the association of hot and dry seasons with much typhoid fever was *invariably maintained, as a general rule*, with which the very variations were never wholly inconsistent." The italics are ours, the expressions so marked being somewhat contradictory. We must confess, however, that a careful study of the table given by Dr. Barrett (p. 24) does not, in our opinion, make clear the existence of any very definite relation between the number of days in which rain fell and the number of deaths from typhoid fever, though there are a few striking coincidences. Many causes are, no doubt, in operation in determining the prevalence of typhoid at particular times and in particular places, and we have no reason for supposing that they must be operative in similar proportion or degree at different times and places. The data at our disposal are demonstrably insufficient, and the problem of the periodical fluctuations of typhoid prevalence is too complicated for solution in the present state of our knowledge.

Chapter VII. "On the mortality of typhoid fever in Victoria," is one of the most interesting in the book, containing as it does a good deal of matter not elsewhere available. The conclusions reached are, that the mortality in the Melbourne Hospital has averaged 17.29 per cent., while that of the other general hospitals has been about 11, and that in private practice probably from 4 to 8 per cent. The last of these is based on rather insufficient data, and applies almost only to the epidemic of the present year, which was generally mild in character. It is not very clear that the Melbourne Hospital death-rate is properly described as being "exceedingly high," agreeing, as it does, very closely with Murchison's average, and being considerably below that of many European hospitals. In truth, any bare comparison of percentages is of little or no value, unless there is some certainty that the classes compared were similar in severity and other conditions. Dr. Barrett's remark, about the high death-rate from typhoid in

the Melbourne Hospital, seems to be suggested by the apparent great reduction of mortality, under the use of an antipyretic system of treatment, in the hands of Liebermeister, Jürgensen, Jaccoud, and others. The reasoning, of course, is this:—If the death-rate was reduced by the adoption of antipyretic measures to about one-third, in Basle and other places, the use of the same treatment would have the same effect in Melbourne. In spite, however, of the astonishing results claimed to have been obtained by the use of antipyretic measures, and especially by the application of cold to the surface, and the administration of quinine, that system has not by any means met with universal acceptance, or been always followed by such striking success. This has been markedly the case in the large general hospitals in Vienna; and in England anything like the adoption, in a routine way, of energetic antipyretic measures is generally reprobated, though it is recognised that comfort may be promoted, and even permanent benefit obtained, from their cautious adoption in suitable cases. A test of the value of the system might be put in this way: Antipyretic treatment, including the use of cold, if not “generally and systematically followed in the Melbourne Hospital,” is certainly more used than in private practice, and yet the death-rate is at least twice, and is perhaps four times higher. It follows, therefore, that—but what follows we leave the reader to determine. Statistical comparisons of therapeutic results, under different systems, can only be made with profit when all the conditions can be controlled, and this is certainly not the case in the comparisons made by Dr. Barrett. In the last edition of Roberts’ “Medicine,” published in the present year, the average death-rate in typhoid is said to be 15 to 25 per cent.; it cannot, therefore, be fairly said that a rate, in a general hospital, of even 17·29 on the average, is exceedingly high.

Another interesting point in this chapter is the attempt to establish it as a general law “that the prevalence of typhoid fever is inversely as its mortality.” Here again we must take the liberty of doubting whether the evidence adduced is sufficient. It is contained in tables on pages 26 and 30, showing the percentage of mortality in the Melbourne Hospital in each of a series of years, and in the different months of the year. Even in the years 1876-83, which are distinguished in the first of these tables by the marks + and -, according as the admissions were above or below the average, the rises and falls in the death-rate are by

no means regular, and certainly a comparison of the rates with the total of cases admitted in each year shows nothing approaching to the uniformity postulated in this "general law." That other things besides mere prevalence must be taken into account is made clear by a comparison of the two years 1874-75. In both, the number of admissions was almost exactly the same—94 and 95 respectively—while the death-rates were 29·7 and 14·76 per cent. If all classes of cases, febricula and febris included, are taken, the results are in even more rude opposition to the assumed law, the numbers being then 164 for 1874, and only 135 for 1875. Here again we fear that Dr. Barrett has viewed his figures under the light of his theory, however arrived at.

The causation of typhoid fever is the subject of Chapter VIII., and with it the most difficult part of the subject is reached. It has special value, as containing a large amount of information about local outbreaks in different parts of the colony during the present year. These tend strongly to confirm the growing, and now generally received opinion that, for the spread of typhoid in a locality, it is necessary that some specific material should have been introduced, generally in the way of contamination of soil or water-supply by the stools from a previous case. The instances here described with considerable detail have, of course, an interest for us, though it cannot be said that any one of them has the demonstrative force of similar instances of localised outbreaks collected by European writers. While the specific contagion doctrine is undoubtedly becoming better established, it is very far from receiving universal adhesion. Medical officers, of the largest experience in India, are almost unanimously of opinion that either there is more than one form of disease still included in what is called "typhoid," or that it certainly does often take origin independently of specific contamination. Those who observed the strange outbreaks at isolated stations, during the Zulu campaign are also generally agreed that they arose without the introduction of a specific contagion. It may be true that this is arguing from ignorance, and that there really had been specific contamination in some way undetected. The truth is that a considerable use of hypothesis is needed on both sides, to make doubtful cases square with one particular doctrine, and it is very doubtful whether anything like final conclusions have yet been reached about the intimate pathology of this disease. Dr. Barrett is a little exacting, however, when he says (p. 31)—"In cases of outbreaks arising apparently from defective sewage conditions, it becomes necessary

to show that no part of any typhoid stool could have gained admission to such sewage." The proverbial difficulty of proving a negative is here brought in rather unfairly. Again, we think Dr. Barrett goes beyond what is established when he says: "The atmospheric and other indefinite conditions necessary to produce an outbreak are simply those attending an unusually dry summer." The fluctuations of typhoid prevalence are not to be settled in this summary way. Other loosenesses of expression, and perhaps of argument, might be pointed out, such as the use of the word "gases" on page 33, and the hasty passing over of the fact of washerwomen apparently being often attacked, which is not in accord with the doctrine of the necessity for some specific fermentation or decomposition in a nidus, such as a cesspool. On the whole, this chapter is chiefly valuable for the histories it contains, and especially that of the Clunes outbreak, the connecting argument and illustration showing decided marks of haste. It would have been better, perhaps, if this question of causation had been left for more mature consideration, in the light of the larger knowledge and experience which time might bring.

The final chapter, "On the prevention of typhoid fever," contains little but what is known, the undue prevalence of this disease in Victoria having been insisted on, with great and perhaps exaggerated emphasis, by Dr. Thomson and others. We have not seen the reduction here which has followed the adoption of great sanitary improvements in England and elsewhere, and there is no reason to doubt that a similar result would be obtained in Victoria by the adoption of similar means. We regret, however, that we cannot see, with Dr. Barrett, that as yet there has been "a very marked difference in the prevalence of the disease in Melbourne, as a consequence of the abolition of cesspits and the use of drainage to a slight extent." Cesspits were abolished before 1878, which witnessed the worst outbreak ever known here. The adoption of a complete system of drainage over the whole of the city probably would do real and permanent good, but mere trifling with sanitary improvement is simply an expensive sham.

We have now reviewed this work at considerable length, mainly on account of its local interest. The positive conclusions having any novelty cannot be said to be great, but the promise is good, and if the publication of the present instalment had been delayed for more mature consideration of some points, there would probably have been less ground for criticism, which, if seemingly strict, has at least been kindly.

J. J.

Extracts from the Medical Journals.

GERMAN MEDICAL JOURNALS.

Pathology of Pneumonia.—It is occasionally observed that pneumonia has an epidemic or pseudo-epidemic character, and a good many instances of its occurrence in that form have recently been reported. There are also indications that it has an infective character and that it, in fact, should be ranked rather among the specific constitutional diseases than among the local inflammations. Its tendency to take a typical course, and the frequent want of proportion between the severity of the constitutional disturbance and the local symptoms point in the same direction. It was natural, therefore, that an endeavour should be made to arrive at some acquaintance with the nature of the supposed infecting principle. Klebs first, in 1874-75, described what he called the *monas pulmonale*, found in the bronchial secretion of persons who had died of pneumonia. He also found it in the ventricles of the brain, and in the renal tissues of most of these cases, and was of opinion that the brain and kidney complications, sometimes met with in pneumonic cases, are due to the wandering of the *monas*. His observations were to a considerable extent confirmed by Eberth and Koch in 1881. Friedländer gave a very exact description of an organism, which was never absent in twenty cases examined by himself. It was found in the fibrinous plugs of the minute bronchial tubes, as well as in the hardened lung tissue and on the pleural surface. It was described as being ellipsoid in form, about $\frac{1}{35000}$ of an inch in length and rather less in breadth, generally connected in pairs, though sometimes forming longer chains. Professor Leyden agrees with Friedländer, and has also found these pneumonic *cocci*, or structures closely resembling them, in cerebro-spinal fluids of inflammatory origin. He holds also that they have the closest similarity to the *cocci* of erysipelas, and that, independently of this discovery, there certainly are many points of resemblance between pneumonia, meningitis and erysipelas, which frequently are met with in combination.

All these observers made use only of material taken from the dead body, though Leyden ultimately, in the beginning of the present year, published the result of his examination of fluid taken direct from the consolidated lung during life by means of a hypodermic syringe. After some trouble he obtained, in that

way, fluid which contained the micrococci described. The safer, and as one would suppose, very obvious method of examining the pneumonic sputum has more recently been followed, and the results of observations so made have been published almost simultaneously by Dr. F. Ziehl (*Centralblatt f. die Med. Wissenschaften*, 25, 1883.) and Max. Mátray (*Wiener Med Presse* 23, 24, 1883.). Both found the micrococci of Friedländer in nearly every specimen of the true rusty sputum of lobar pneumonia, and that at all stages. Ziehl adds that he found them most abundant, and largely preponderating over other bacterial forms, only at the beginning of an attack, and Mátray observed that they occurred, in unexampled and actually enormous numbers, in a case which proved fatal, on the day before death. Neither observer claims that the detection of the organisms has great diagnostic value, or that they have been proved to stand in any casual relation to the disease. Mátray, indeed, says that he has, on rare occasions, found organisms undistinguishable from them, in very sparing amount, in various secretions and excretions; but he does not, on that account, deny the important significance of their invariable presence in large numbers during the genuine pneumonic process.

A New Anti-pyretic.—The last addition to the list of antipyretics is *kairin*. It is a derivative of chinolin, which has been used for the same purpose. The muriate of kairin is described as a crystalline powder, of a greyish yellow colour, easily soluble in water. It has a bitter saline but rather aromatic taste, which to most persons is disagreeable, and, unless perfectly pure, it is apt to be irritating, and should therefore be taken largely diluted. Its properties have been fully investigated by Dr. W. Filehne (*Berlin Klin. Wochenschr.* 45, 1882, and 6, 16, 1883.) In doses of 15 to 25 grains it has no appreciable action on the healthy adult; but in febrile conditions it has a powerful effect in lowering the temperature, given in doses of not more than 15 grains (1 gramme) every two hours. The temperature-depressing action is transient, there being no liability to cumulation. This is, in one sense, a disadvantage, as the remedy has to be given at short intervals if the effect is to be kept up. With very delicate or greatly reduced patients, it is desirable to lessen the dose considerably; and in such cases one or two grains every hour may lower the temperature even below the normal point. The effect of one dose of 8 to 15 grains begins to be seen in about 25

minutes, and, after two, or at most four, doses, the temperature may be reduced to 37° , or even to 36.5° C. Beyond that it is not safe or desirable to push the effect. Filehne has tried it in pneumonia, typhoid, and phthisis repeatedly; and in one case of chronic pyæmia, where the temperature stood almost regularly at 40° C, the effect of about 55 grains ($3\frac{1}{2}$ grammes), distributed over the day, was to lower it to 37.8 . The patient felt himself well whilst the remedy was given, but its interruption was quickly followed by rigors and fever. The remedy is best given in capsules, followed by copious draughts of water. These observations have been confirmed by Dr. H. Hallopeau (*Schmidt's Jahrb.* 4, 1883, from *Bulletin de Thérap.*, March 30, 1883), who was able, in two cases of pneumonia, to reduce the temperature from 40.2° and 40.8° C. to 37° and 37.4° C. respectively, the previous condition returning when the kairin was omitted. No bad effects were noted. In a case of acute miliary tuberculosis, where the temperature stood at 40° C., and was not affected by the use of quinine, 8-grain doses of kairin were given every hour from noon to 6 p.m. At 2 p.m. the temperature was 38° , at 4 p.m. 37° , and at 6.30 p.m. 35.8° . The medicine was then stopped, and at 11 p.m. the thermometer again marked 40.6° . Three days afterwards a similar trial, with similar results, was made. There seems no reason, therefore, for doubting the quick and certain anti-pyretic action of this agent, and, so far, no risk seems to have attended its use.

J. J.

DUBLIN JOURNAL OF MEDICAL SCIENCES.

Iodoform Intoxication.—Under this heading, Mr. Hayes, surgeon to the Mater Misericordiæ Hospital, relates and then comments on a case that passed through his hands, in which poisoning resulted from a free use of iodoform. The instance reported was that of a young slender man, who came under observation suffering from an abscess situated in the inferior scapular region. The usual treatment was at first adopted, aspiration followed by free opening and drainage, but without the assistance of Listerism. After the cavity had been completely evacuated, 60 grains of iodoform were introduced into the sac, and the same was repeated on three other occasions at intervals of alternate days. After the last, the temperature suddenly rose to 104° F, and the pulse in a corresponding manner. The discharge in the meanwhile almost ceased. The man became unconscious,

lying prone on his back, with sphincters dilated and muscles relaxed. When this state of things had lasted three or four days, a gradual improvement took place; his consciousness returned, pus again commenced to flow from the sac, and the abscess to heal from the bottom. There seems to have been nothing abnormal in the urine, though whilst the toxic symptoms were present it was rather scanty, with a high specific gravity.

Iodoform is doubtless a most serviceable antiseptic, especially useful—(1) in cuts and wounds recently inflicted, when full antiseptic precautions cannot well be employed; (2) in old putrid, foetid ulcers; (3) in wounds in the neighborhood of the natural orifices of the body, particular about the rectum and genito-urinary passages. Not only is it beneficial as an antiseptic and deodorant, but it acts as a local anæsthetic, and Morétin, a French surgeon, as quoted by Mr. Hayes, asserts that it possesses powers of producing such marked insensibility of the rectum that defæcation might occur without consciousness on the part of the patient. It can either be used made into an ointment or pomade, with vaseline, cosmoline, or glycerine, thickened with tragacanth powder to the consistency required, or as a suppository or pessary. In uterine cancer and malignant ulceration of the rectum, its efficacy can hardly be over-rated, serving, as it does, to numb pain and diminish fætor. Given internally as pills, Dr. Redmond is spoken of as vouching for the efficacy of iodoform in removing pain and relieving symptoms of gastric ulceration. In chronic glandular affections, Lichfield speaks highly in its praise. Czerda and Spencer consider it a good application when otorrhœa exists, associated with perforation of the membrana tympani; and Cheyne recommends the insertion of iodoform bougies for the cure of gonorrhœa, and the relief of irritable and painful urethral stricture, with a tendency to spasm. In using iodoform certain precautions are imperative. It should be applied only in small quantities at a time, and with great caution when the wound is large, and much adipose tissue is exposed, for it seems probable that tissues of a fatty nature serve to dissolve the iodoform, and so prepare it for absorption into the blood. As an antiseptic, however, iodoform is doubtless much inferior to carbolic acid, and can never be used as freely and safely as the latter, being contra-indicated in advanced age, where there is a tendency to fatty degenerations, and in diseased conditions of the heart and lungs. As regards its toxic effects, in

small doses the drug acts as an anodyne, in larger as a narcotic. The first is characterized by a species of inebriation, with weakened cardiac action and great depression. The second by convulsive movements and chronic spasms of the muscles of the neck and limbs, similar to tetanic contractions. J. H. W.

THE BRITISH MEDICAL JOURNALS.

The Question of Food in Obstetric and Gynæcological Practice.—Dr. Graily Hewitt is of opinion that the “weakness” and “delicacy,” so commonly observed in women who are the subjects of chronic uterine disease, is generally associated with and caused by a long continued inadequate dietary, in fact “chronic starvation.” This condition of mal-nutrition should therefore be regarded as the first stage of a serious possible disease, and should be treated accordingly. He points out the analogy between the growth of a plant and that of the human organism, “Once let the growth fall off in its vigour, the plant forthwith becomes liable to fall a victim to canker, to the pestiferous invasion of insects, to deterioration, to weakness, and often to decline and death.”

Insufficiency of food often apparently predisposes patients to attacks of puerperal septicæmia. A continuously bad appetite constitutes a grave condition and should therefore be seriously regarded.

Sea-sickness and its Prevention.—Dr. J. Henry Bennett finds that a cup of black coffee taken an hour before starting will generally prevent sea-sickness. It is a mistake to tax the stomach in any way. A good easily digested meal should be taken about four hours before embarking. This plan has shorn the British Channel of its horrors in the author's case and in that of many others.

Intra-peritoneal Injection of Albuminate of Iron in Chronic Anæmia.—Professor Vachetta has injected a solution of citro-ammoniated albuminate of iron into the peritoneal cavity of dogs. This was quickly absorbed without producing peritonitis, and in twenty-four hours after, traces of iron were found in the urine. The quantity of hæmoglobin and the number of red corpuscles

in the blood were soon increased; and Professor Vachetta says that injections of the iron solution into the peritoneal cavity have the same effect in chronic anæmia as those of blood, while they are less difficult and less dangerous.

Trichloride of Phenol.—This substance is prepared by mixing carbolic acid and chloride of lime. "Its antiseptic properties are said to be more active than those of any other substance used in medicine (twenty-four times more so than carbolic acid), and a very small quantity stops fermentation." It is also a deodoriser, and its own smell may be disguised by oil of lavender. It is recommended in cases of soft chancre, diphtheria, &c.

M. Julien (*Annales de Dermatologie*) recommends the repeated application of pure carbolic acid in cases of warts and condylomata. This causes much less pain than either chromic or acetic acid. In a case of vegetation on the glans and prepuce the cure was complete after two applications. W. B. W.

NEW YORK MEDICAL RECORD.

The number for August 1883 contains an article from the pen of T. J. Yount, M.D., a resident of Lafayette, Ind., on the treatment of chronic bronchitis and winter cough. From his remarks it is gathered that the author himself has been an invalid from this most harassing complaint, and, consequently, what he says has a twofold interest, being the record not only of a physician's experience, but of knowledge derived from personal suffering. He commences by describing an acute attack:—Swollen condition of mucous membrane, scanty secretion, vexatious hacking cough, urgent dyspnœa, great pain, pulse weak and rapid, respiration shallow and frequent, face livid, upright position. The case is immediate, and calls for prompt relief. Opiates and chloral are absolutely forbidden, and reliance must be placed on the three respiratory stimulants—ammonia, strychnia, and belladonna. Of the first, give say 20 drops of the aromatic spirits, or 10 grains of the carbonate, with ether and squills. A combination with digitalis may be serviceable, especially if the heart-action is feeble and rapid. If rest is imperatively needed, give bromide of ammonium in full doses, in the place of or with the nightshade. Strychnine is a drug especially reliable as a rapid stimulant in

these cases, and one that Fothergill has a partiality for. A favourite prescription of his is :

R. Ammon. Carb.	-	-	-	gr. v.—x.
Tinct. Nucis Vomice.	-	-	-	℥ x.
Tinct. Scillæ	-	-	-	ʒss.
Inf. Serpent	-	-	-	ʒj.

M. et sig. Take a dose every three or four hours, to which tinct. of digitalis may be added. Belladonna, too, is an excellent remedy, advisable more especially where there is want of tone and the night-sweats are profuse. Next, mention is made of muriate of pilocarpine in $\frac{1}{24}$ — $\frac{1}{10}$ grain doses every other hour. When the phlegm is tough, the breathing distressed, and the cough annoying, it has many advantages over squills and ipecac.; it does not nauseate, and has an agreeable taste. As regards sprays, speaking of his own case, the writer says he obtained most benefit from sprays of benzoate of soda, 10 to 20 grains to an ounce, followed by prolonged inhalations of compound tincture of iodine—10 to 40 drops to two tablespoonfuls of water. Irritating liniments are useful over seat of pain; a little morphia may be combined with them; and if applied often, and rubbed well in, they seldom fail in relieving the worrying stitch that usually accompanies this malady. Among other remedies alluded to is Gardner's syrup of hydriodic acid, containing, it is said, 99 per cent. of iodine, which is occasionally very beneficial in arresting profuse secretion and cough; but it has a nasty metallic taste, and cannot be taken except for a short time, as it destroys the liking for food. Declat's syrup of nascent phenic acid is a useful combination where the night-sweats are exhausting, the appetite bad, and sleep disturbed. Unlike Gardner's preparation, it is pleasant to take, and should be given in teaspoonful doses, gradually increased to six or eight drachms, three or four times a day. It may be taken in claret, whisky, or porter, or in a wineglass of Hoff's malt fluid. Warm, tight fitting flannel underclothing is essential, and in winter perhaps it may be necessary to seek change of air and scenery, if the comforts of home can at the same time be insured.

J. H. W.

Melbourne University.

The following items of business have been transacted at recent meetings of the University Council :—

The lecturers who had acted during the year 1883 were re-elected for 1884.

On the motion of Mr. Leeper, it was resolved—"That the members of the late board of examiners in medicine be re-elected, except in cases where any of the late examiners have pupils in the subjects of examination."

Mr. Douglas Paterson was elected to perform the duties of Professor Strong during the absence of that gentleman in 1884, the remuneration to be £500 for the year.

The report of the Finance Committee, on the letter from the Professorial Board with reference to teaching appliances, was considered, and after discussion the following portion of it was adopted :—" (a) That material should be separated from apparatus, and that apparatus should include only instruments, specimens, and diagrams. (b) That the vote for apparatus should be increased to £600 a year. (c) That whatever sum is allotted to a professor should be placed at his disposal at the commencement of the October term."

Mr. Leeper moved—"That ch. 14 and 15 of the regulations be amended by the additions of the following:—'At every examination the papers of each candidate shall be distinguished, not by his name, but by a number assigned to him by the registrar.'" The motion was agreed to, and Mr. Leeper was appointed to take charge of it before the Senate.

A letter was received from Professor Kernot, asking the Council for their opinion as to the best mode of utilising the money subscribed for the purpose of establishing a permanent memorial to the late Professor Wilson. The sum in hand was stated to be £150. It was resolved, on the motion of Professor Irving—"That in the opinion of the Council the best means of perpetuating the memory of Professor Wilson would be the founding of a prize in the University."

Dr. Hearn, as chairman of the committee appointed to expedite the passing of the bill to amend the University Act, brought up the report of the committee. It stated that in the opinion of the

committee it was desirable that the clauses of the bill which related to the office of chancellor should be passed into law as speedily as possible.

The following resolution passed by the Senate, and received from that body, was adopted :—"That, inasmuch as under the present statutes no *ad eundem* degrees can be lawfully conferred by the University, excepting upon graduates of universities which have been recognised by the University of Melbourne, the Council be requested to frame a statute recognising other universities."

The Council considered the following resolution which had been passed by the Senate :—"That the Senate protest against the recent changes in the regulations with regard to honours and exhibitions being brought into operation before the time fixed by the regulations."

It was proposed by the Bishop of Melbourne, seconded by Sir William Stawell, and carried unanimously—"That the Senate be informed that the Council regret that any misunderstanding should have arisen between them and the Senate, as the Council considered that their action was in agreement with the statutes and regulations of the University; and that they beg to inform the Senate that it was dictated by the simple desire to do justice to all those who might present themselves for examination during the present academic year."

The difficulty which has arisen between the Senate and Council has become more serious. The evident intention, shown by the Council to persist in carrying out the changes in the regulations, led to further action being taken at a meeting of the Senate held on the 4th instant. The report of a select committee appointed at the previous meeting was read, and the recommendation that a petition be at once presented to his Excellency the Governor, as visitor, praying him to restrain the Council from the proposed breach of the regulations, was adopted by a majority of twenty-three against twenty-one. It is stated that Mr. Webb, Q.C., and Mr. a'Beckett have been retained as counsel on behalf of those making the appeal.

It is most unfortunate that matters should have been allowed to drift into this condition near the end of the session, with examinations just at hand.

MELBOURNE HOSPITAL.

At the usual weekly meeting of the Melbourne Hospital Committee, held on the 18th September, the medical superintendent reported that a patient operated upon on the 30th August, for cancer of the tongue, died of pyæmia in No. 1 ward on the 16th September. The pyæmia was developed during the patient's stay in the Hospital. In ward 18 a patient who was admitted on July 24 developed erysipelas on the 13th September. This case was also developed in the Hospital. They were treated antiseptically, C. Ryan, admitted on September 6th for erysipelas, died on the 15th of that disease.

Mr. GREGORY moved that reports be asked for from the honorary officers on the cases of erysipelas and pyæmia. The motion was carried.

At the meeting on the 2nd instant, the medical superintendent reported that no fresh case of erysipelas had arisen in the wards, but one had been admitted from outside. A patient in No. 1 ward died of pyæmia a few days after an operation for varicocele. The state of his constitution strongly predisposed him to an attack after the kind of operation which he had to undergo. This he considered had more to do with his developing the disease than anything else, because, though there were a number of patients in the ward with suppurating wounds, yet none were attacked by septic poisoning; and, besides, the operation was performed antiseptically. He had, at the request of the committee, communicated with the honorary medical officers in charge of the late cases of pyæmia and erysipelas, and they wished him to state that they had nothing further to communicate. During the past month there had been 38 operations performed. Of the patients, 10 had been discharged, cured or relieved, and two had died—one of pyæmia, after operation for varicocele mentioned above, and the other from debility and disease of the bones of the foot. Of patients operated upon in previous months, 12 had been discharged as cured or relieved, and one had died from pyæmia, after the removal of a cancer in the tongue. He was greatly indebted to Dr. Syme for furnishing him with a most interesting return of the cases treated in the wards under his (Dr. Syme's) charge as resident surgeon, from which it would be seen that the number of cases treated in those wards was 161. Of these, 94 were treated with strict Listerism, 14 with modified Listerism, 53 with no Listerism;

of these 53, 28 were cases of scalp wounds, most of which were admitted during the night, when it was difficult to apply Lister's method, and were discharged, as a rule, within a few days. Of these 161 not one manifested marked septic symptoms, and not one was transferred for erysipelas or septic disease. He believed that it had always been a regulation of the committee that the resident medical officers should not communicate direct to the newspapers unless under instructions. He would be glad to be informed if this rule was to be strictly adhered to.

The report was adopted, and instructions were given for the enforcement of the old rule directing that all reports should be furnished through the medical superintendent.

Dr. LEWELLIN stated that the patient in question was operated upon by Dr. Beaney, and it was not until after the operation that it was found that he was liable to blood poisoning.

Mr. M'DOUGALL moved that the honorary surgeons he called on to explain the causes of death from erysipelas of the patients in No. 1 ward.

The motion was carried.

The Election Committee reported that four applications had been received for the position of resident medical officer—viz., those of Messrs. J. W. Barrett, J. W. Florence, J. P. Montgomery, and Dr. Spillini. The latter gentleman was, under the rules of the institution, ineligible for the position. Dr. Barrett had held office for eighteen months, and sought re-election. Messrs. Florence and Montgomery are eligible as candidates.

The election was postponed till next meeting.

The resignation of Mr. Girdlestone as a member of the committee was received. Instructions were given for a letter to be sent to him regretting his leaving, and thanking him for past services.

At the meeting on the 9th instant, Dr. Barrett withdrew his application for the position of resident medical officer, and Drs. Florence and Montgomery were appointed to the vacant positions.

On the occasion of his leaving the Hospital, where he has acted as resident medical officer for eighteen months, Dr. Syme was presented by a number of the students attending the surgical wards with a pocket case of instruments, in recognition of his constant readiness to give them help in their practical studies.

VITAL STATISTICS.

Mr. Hayter has just issued a preliminary *résumé* of the statistics of the Australasian colonies for the year 1882, from returns furnished by the Governments of all the colonies, with the exception of New South Wales.

Colony.	Area in Square Miles.	Estimated Population on the 31st December.	Births.	Deaths.	Marriages.
Victoria	87,884	906,225	26,747	13,634	6,309
New South Wales ..	309,175	817,468	29,702	12,816	6,948
Queensland	668,224	248,255	8,518	4,274	2,034
South Australia ..	903,425	293,509	10,844	4,393	2,530
Western Australia ..	975,920	30,766	1,089	430	215
Total Australia ..	2,944,628	2,296,223	76,900	35,547	18,036
Tasmania	26,375	122,479	4,043	1,906	969
New Zealand	104,027	517,707	19,009	5,701	3,602
Total Australasia ..	3,075,030	2,936,409	99,952	43,154	22,607

The average of births in Victoria was 30·04 per 1,000 of the population, and New South Wales 37·16, while the other colonies averaged—Queensland, 35·85; South Australia, 37·40; Western Australia, 35·84; Tasmania, 33·50; New Zealand, 37·32; total average, 34·73. The deaths averaged 15·31 in Victoria, 16·03 in New South Wales, and 17·99 in Queensland, the other colonies ranging between 11·19 in New Zealand and 15·79 in Tasmania. The whole of the colonies, with the exception of Western Australia and Tasmania, are ahead of Victoria in the marriage rate, but the differences are not very great, the averages being—Victoria, 7·08; New South Wales, 8·69; Queensland, 8·56; South Australia, 8·73; Western Australia, 7·07; Tasmania, 8·03; New Zealand, 7·07: total marriage rate for Australasia, 7·86.

The Government Statist's report on the vital statistics of Melbourne and its suburbs for August shows that the births numbered 1,011, and the deaths 467; the excess of births over deaths being 544. The births of 1,011 children—viz., 539 boys and 472 girls, were registered during the month of August. In the month of July 881 births were registered, or 130 fewer than in the month under review. The births were 229 above the average of the

previous nine years, but 141 above that average, if allowance be made for the increase of population. The deaths registered in August numbered 467—viz., 265 of males and 202 of females; the births thus exceeded the deaths by 544. The deaths outnumbered those in July by 45, and exceeded the average of August during the previous ten years by 66. If, however, allowance be made for the increase of population they will be found to have been more numerous than the average of the month in those ten years by only 16. To every 1,000 of the population of the district the proportion of births registered was 3·47, and of deaths registered 1·60. Males contributed 57 per cent., and females 43 per cent. to the total mortality of the month. Children under five years of age contributed 30 per cent. to that mortality as against 31 per cent. in August, 1882; 33 per cent. in August, 1881; 43 per cent. in August, 1880; 36 per cent. in August, 1879; 31 per cent. in August, 1878; 34 per cent. in August, 1877; 32 per cent. in August, 1876; 33 per cent. in August, 1875; and 30 per cent. in August, 1874 and 1873.

The weekly abstracts of births and deaths for the same districts have been as follows:—Week ending 15th September, 179 deaths and 103 births. Of the total deaths, 31 were of children under three years of age, 27 being under one year. Some fresh cases of measles were reported from Box Hill, and the same disease had appeared at Prahran. Scarlatina was also reported from Prahran and East Brighton. Week ending 22nd September, 227 births and 93 deaths. Of the total deaths seven were of children under three years of age; 21 being under one year. Scarlet fever was still prevalent at East Brighton. Week ending 29th September, 237 births and 98 deaths. Of the total deaths 29 were of children under three years of age, 26 of these being under one year. Week ending 6th inst., 175 births and 82 deaths. Of the total deaths, 25 were of children under one year, and 3 between one and three years of age.

Correspondence.

To the Editor of the Australian Medical Journal.

Sir,—In the debate on the lunatic asylums at the Medical Society on the 5th inst., Dr. Graham stated that “the palatial edifice at Kew has over 400 acres of land, which is at present a wilderness, on which a few cattle are grazed.” As Dr. Graham may not have visited the asylum recently, he will, I am sure, be pleased to learn that we have a large and well-worked farm, employing a number of patients, and producing a satisfactory quantity of milk, butter, eggs, pork, firewood, vegetables, horse-feed, &c.—I am yours, &c.

Kew, 30th September, 1883.

J. V. M'CREEERY,
Medical Superintendent.

Local Subjects.

Dr. Hearn has been unanimously elected surgeon to the Hamilton Hospital, in succession to Dr. Annand resigned.

Dr. Leonard Robinson has been elected resident surgeon to the Amherst District Hospital.

Dr. George Fullerton died on the 24th inst. He was a colonist of over 40 years' standing, having arrived in Sydney in 1841. He was one of the first physicians of the Sydney Hospital. He retired from practice in 1853, and in 1857 settled in Brisbane, where he was a member of the first Queensland Legislative Council. While in Queensland he published a family medical guide, which has been very successful, having passed through several editions.

At the District Court, on the 8th inst., before Mr. Panton, P.M., and a bench of magistrates, eight Chinese were summoned by Mr. E. Levin, an officer of the Pharmacy Board of Victoria, for having sold opium contrary to the 3rd section of the Sales and Use of Poisons Act 1876. The bench inflicted a penalty in each case of 5s., with 12s. 6d. costs.

A number of firms carrying on business in Melbourne as wholesale merchants, chemists and druggists, or grocers, were also summoned to the District Court on the 10th inst. for having committed breaches of the Sales and Use of Poisons Statute 1876. Mr. C. A. Smyth, who appeared for the prosecution, stated that the proceedings had been taken by the Pharmacy Board of Victoria, and it was necessary that the act should be strictly carried out to prevent the indiscriminate sale of poisons. One of the defendants was charged with having sold 2oz. of strychnine, and four with having sold a keg of arsenic, and in each instance it was shown that the vendor had not

required the purchaser to apply for the article in writing, in accordance with the provisions of the statute. Five ironmongers were charged with having sold bottles of a silvering solution which was composed of cyanide of potassium, cyanide of silver, and water, and was consequently a poison. Three other defendants were charged with having sold chlorodyne. This is a mixture of morphia and chloroform, and was described as a very deadly drug, much in favour with persons desirous of committing suicide. Mr. Shillinglaw, the registrar to the Pharmacy Board, stated that 12 or 15 suicides had occurred during the last 12 months from chlorodyne. The defendants were fined in each case 5s., with 12s. 6d. costs, an amount which Mr. Smyth stated would scarcely warrant the board in pursuing the prosecutions, as each case entailed an expenditure of from two to three guineas. Mr. Panton, P.M., who presided on the bench, intimated that the penalties in future cases would be much heavier.

The usual monthly meeting of the Microscopical Society of Victoria was held on Thursday, 27th September, the President, Mr. Ralph, occupied the chair. Mr. Joseph Ellis Baker was elected a member of the Society, and Mr. Petherick was nominated for election at next meeting. Mr. C. R. Blackett read "Notes on the Use of the Microscope in Pharmacy," and Mr. Ralph read a note on the formation of crystals in the leaf-cells of *protea mellifera* when heated in water, and exhibited specimens. Nominations were received for officers and four members of committee. The elections are to take place at the next meeting.

The usual weekly meeting of the Alfred Hospital Committee was held on Friday, 28th September. The resignations of Dr. Haig as honorary physician attending in-patients, and of Dr. Black as honorary surgeon attending out-patients, were received, and it was decided to send letters to both gentlemen expressing thanks for their past services.

Messrs. Thomson, Ellery and Robertson were appointed as a sub-committee to receive applications for the positions vacated by Drs. Haig and Black. No applications are to be received later than the 17th inst. A sub-committee, consisting of Messrs. Ellery, Benjamin, and Alston, was appointed to revise the rules of the institution.

At recent meetings of the Medical Board the undermentioned practitioners have been registered:—No. 1092, Thomas Dealtry Atkins, Melbourne, M.R.C.S. Eng. 1866, L.R.C.P. Edin. 1866; No. 1093, Adam Richard Stacpoole, Melbourne, L. et L. Mid. R.C.S. et R.C.P. Edin. 1888; No. 1094, Leonard Robinson, Melbourne, M.D. et Ch., M.R. Univ. Irel. 1882; Henry Read (M.A. Camb.), Melbourne, No. 1095, L. et L. Mid. R.C.P. Edin., 1883, L. et L. Mid. F.P.S. Glas., 1883; Gaspere Spellini (naturalised), East Melbourne, No. 1096, M.D. Univ. Pavia, 1878; Charles Alfred Stewart, Williamstown, No. 1097, L. et L. Mid. R.C.P. et R.C.S. Edin., 1879. Dr. Peipers, of Richmond, has also shown to the board his diploma from Berlin University.

Two years leave of absence having been granted to Mr. Gillbee, the President of the Medical Board, Dr. Youl, the senior member, was at the last meeting unanimously elected to the vacant position.

Among the correspondence read at the last meeting of the Medical Board, was a letter from a lady asking whether, on the production of a proper diploma, she could obtain registration in the colony. The ninth section of

the Medical Act, No. 262, requires that the applicant for registration shall produce to the board "the qualifications obtained by him;" but as the second section of the act No. 22 ("An act to interpret and shorten the language of acts of council") makes it clear that the masculine term includes the feminine unless the contrary is expressed, the board resolved to accept diplomas obtained by females from properly constituted universities, colleges, or other bodies.

The result of Mr. Le Capelain's inspection of the Clunes Water Supply Works has been a full confirmation of the statements in the report of Dr. Colquhoun the local Health Officer. It will be necessary for safety that the water be conveyed to town in pipes.

At the Annual Meeting of the Victorian Branch of the British Medical Association, the Report of the Council was read, showing that at the end of the fourth year of its existence, there were 88 members, 13 having been elected during the year and 17 removed for various causes. The Treasurer's Report showed a balance in hand of £16 13s. 9d. An address was read by the Hon. Secretary, Dr. Neild, in the absence of both the retiring and the newly elected Presidents. The following gentlemen were elected as the Council for the year 1883-4:—President, Dr. Graham; Vice-President, Mr. Rudall; Hon. Treasurer, Dr. Henry; Hon. Secretary, Dr. Neild; Members of Council: Dr. M'Crea, Prof. Kirkland, Dr. Pincock, Dr. Snowball, Dr. Browning, Dr. Willmott.

The Annual Conversazione of the Royal Society of Victoria, held at the Athenæum on the 14th ult., was a very successful gathering. The number of visitors was greater than usual. The President, Mr. Ellery, read an address summarising the most important advances in the different branches of science during the year. The exhibits were both numerous and interesting, including many natural history specimens, a display of surgical instruments and appliances by Messrs. Mayer and Meltzer, and of food preparations by Mr. Henry Francis.

BIRTHS.

BIRD.—On the 5th inst., at 156 Collins-street east, the wife of Dr. S. Dougan Bird of a son.

O'HARA.—On the 8th inst., at Mansfield, Brighton, the wife of Dr. O'Hara of a son (prematurely), who survived only a few hours.

MARRIAGE.

STIRLING—APPLETON.—On the 4th inst., at the Yarra-street Wesleyan Church, Geelong, by the Rev. J. C. M'Dougal, assisted by the Rev. Thos. Williams, Dr. R. A. Stirling, of Melbourne, to Tettie, second daughter of Thos. Appleton, Esq., Clonard, Geelong.

DEATHS.

FULLERTON.—On the 24th ult., at his residence, Oatley-street, Woollahra, Sydney, George Fullerton, M.D., aged 81 years.

O'HARA.—On the 14th inst., Ernestine Ellen, wife of Dr. O'Hara of Brighton, and eldest daughter of Edward Klingender, Toorak.

THE
Australian Medical Journal

NOVEMBER 15, 1883.

Original Articles.

**VERY THIN ZONULAR CATARACT, WITH
CHARACTERISTIC TEETH.**

By **SIDNEY A. BERNAYS, M.R.C.S.**

Zonular or lamellar cataract is commonly met with as a lenticular opacity, with clear contents in the substance of the crystalline lens, leaving the peripheral portion also clear. It occupies usually a circular area corresponding to the diameter of the pupil in a softened light. It may consist of only a single plate, occurring at different depths in the crystalline, varying in thickness. Rarely the lenticular opacity is seen one within another, and these may afterwards shrink, leaving only a small central opacity, which interferes but little with vision. Since accommodation exists, a V shaped downwards iridectomy is the obvious treatment, bringing about a pupil sharply bounded and extending to the extreme part of the clear periphery in a way which no mydriatic can do.

The characteristic teeth seen in zonular cataract resemble those seen in interstitial keratitis caused by hereditary syphilis. Zonular cataract has no connection with this disease. Associated with interstitial keratitis there are always peculiar physiognomical changes, but in quite half the cases these are of a very subtle nature, and difficult to describe. We see excellently-formed teeth, with no notches in the incisors, only a suspicious roundness at the cutting edges, and as often as not the bridge of the nose is well formed, but there is a peculiar softness and moveability at the junction of the cartilage with the bone. We suspect eye or ear disease on seeing such patients approach us at a few yards. In zonular cataract there are no peculiarities about the features, and it is difficult to see what the connection may be of peculiar teeth with this abnormality in the eyes. In hereditary syphilis the teeth fall short of full development in common often with many other structures, and eye diseases in relation with this occur up to late periods of growth. Zonular cataract is either congenital or develops only in very early life.

The very thin forms of zonular cataract are to be regarded only as the common forms cut short in a very early stage of development. Whilst, however, the teeth peculiarities are very manifest, the lens opacity is not so. Liebreich discovered them among English people. He reported them as very rare on the Continent. The patients at an early age complain that the sight is not sharp; and the parents state that their children are short-sighted, since, in order to obtain the larger image, they hold the book very close to the eyes. Ophthalmoscopically the details of the fundus have a slight haze over them, giving to the uninitiated an impression of retinal swelling, and this is so even that we may forget that we are looking through an opacity. The thin circular film is quite near the anterior capsule, and is very difficult to see, even with dilated pupil in daylight. By the method of lateral illumination by artificial light it is demonstrated to be but an excessively thin form of lamellar cataract.

This cataract does not progress, and calls for no treatment. The opacity is so thin that often V with difficulty = $\frac{2}{3}$ and (No. 2 J) is read slowly at 4". The patient and friends must be led to understand the position, and the former must be satisfied with a sharpness of sight below that of the standard.

A good number of these cases have been reported of late years. In the writer's personal experience it is a little remarkable that of but three cases noted two appeared in one week at St. Thomas' Hospital, after five years' constant attendance there and elsewhere, and the third occurred amongst the very first cases seen by him in Melbourne. The cases surely occur, but after a further four years' experience in Melbourne no other one has come to notice.

ANOMALOUS CASES IN CHILDREN'S PRACTICE.

By W. SNOWBALL, M.B., &c.

Honorary Surgeon, Children's Hospital.

Purpura Simplex.

G.M., 4 months old, female, brought to the Children's Hospital, February 2nd, 1883. The mother stated that till four days before admission the child appeared to be in good health. At that time she noticed that it was fretful, and apparently "sore" to the touch, and refused its nourishment. The day prior to bringing it to the Hospital she observed marks like bruises on the child's body.

The child is well nourished and healthy looking, tongue clean, no increase of temperature. The buttocks, and both sides of the

trunk are covered with purpura spots, some the size of a shilling. There is no enlargement of the spleen, and no cedema about the ankles. There is no albumen in the urine; no hæmorrhage from the mucous surfaces.

The child was treated with two-drop doses of ergot, and the spots gradually faded away in the usual manner, leaving no trace behind, except in one or two places, where a hardened little mass was left, being most probably a deposit of fibrin.

CASE 2.—G.L., 6 months old, female. First seen on March 3, 1883.

The mother stated that for the last three weeks the child had suffered from diarrhœa, which she looks upon as being due to the teeth. That eight days prior to being seen, black spots like bruises had come out on the child's body.

The child looks ill and thin. The whole of one side of its face is covered with a large ecchymosis, and numerous spots are situated on the body in various stages of discoloration, some being quite black and others green and yellowish-looking. The tongue is coated and skin hot.

The child was given a small dose of hydrarg. c. creta, and then put on three-drop doses of ergot. In ten days it was well.

CASE 3.—F.L., 7 months, female. Was first seen June 1, 1883.

The mother stated that the child had been ill six weeks, suffering from diarrhœa and vomiting. That prior to this it had been a strong, healthy baby. Five days before being seen the child had developed a number of black spots over the body, and two days ago its bowels had seemed to become suddenly enlarged; and that since then the child had been much weaker, its face becoming very pallid, and the vomiting had increased.

The child is very feeble looking, face pale, pulse running and very feeble, purpura spots all over the body in various stages of discoloration. The abdominal swelling is due to a great increase in the size of the spleen. There is no albumen in the urine. The ankles are cedematous.

Given ergot and liq. arsenicalis, and free stimulation. The case was lost sight of, so I am unable to give the results.

These three cases seem to show that purpura simplex in infancy is but little different from the disease in adults, except that there is perhaps not an equal amount of febrile disturbance. In Case 3 I have no doubt that sudden hæmorrhage under the capsule of the spleen caused the abdominal enlargement, and aggravation of the child's symptoms. It is apparently more frequent in female than male children.

Medical Society of Victoria.

ORDINARY MONTHLY MEETING.

WEDNESDAY, NOVEMBER 7TH, 1883.

(Hall of the Society.)

Present: Drs. Allen, Jamieson, Neild, Annand, Snowball, McCreery, Owen, Florance, McKenna, E. Barker, W. Barker, James Robertson, J. Williams, and J. S. Wilson.

Dr. Beattie Smith was also present as a visitor.

Dr. Neild occupied the chair.

One member was nominated for election, the remaining business being postponed.

After the meeting Dr. Allen exhibited a number of pathological specimens, of which he has supplied notes and descriptions:

EXHIBIT BY DR. WILLIAMS.

Cirrhosis and Carcinoma of the Liver, with Plugging of the Portal and Hepatic Veins.

On the upper surface of the right lobe of the liver projects a massive rounded, lowly lobulated tumour, measuring six inches from side to side, and extending deeply to abut upon the transverse fissure. The surface of the growth is yellowish in colour, the serous membrane over it being mottled with congested vessels. Its substance is soft, almost semi-fluctuant; sections being distinctly lobulated and very friable, with abundant pulpy juice on scraping. On the upper surface, about two inches behind the anterior border of the liver, a soft, ruddy, bleeding fungus has burst through the peritoneum, and from it copious hæmorrhage has taken place into the abdominal cavity. The whole of the left lobe of the liver, and those portions of the right unoccupied by the tumour, are in an advanced state of cirrhosis, the capsule being thickened and opaque, the surface bossy, the edges and the substance generally tough and pliant. The portal vein, from the pancreas upwards, is distended with partly decolorised clot, and the branches of the hepatic vein, coming from the right lobe of the liver, are similarly plugged. The gall-bladder was full of thick greenish black bile. The weight of the liver was 66 ounces.

This specimen was obtained from M. H., a Chinaman, aged 47 years, who was admitted into the Melbourne Hospital on

October 22nd, 1883. The body was much wasted, the abdomen moderately distended with fluid, the feet and ankles slightly œdematous, the expression anxious, the conjunctivæ slightly yellow. There was pain and tenderness at the epigastrium, loss of appetite, vomiting, constipation. The heart sounds were weak and irregular. The urine was stained with bile, but not deeply.

Very little history could be obtained, further than that the swelling of the abdomen and feet appeared four weeks before admission.

During his stay in Hospital the pain decreased, but there was frequent vomiting, and very little food was taken. On October 27th he became restless and delirious, and death took place early the following morning.

At the autopsy the pylorus was found slightly thickened; the pancreas was not involved; the spleen was large, firm, and dark; the intestines were of dusky grey colour, the rectum being very deeply pigmented with numerous small shallow ulcers in the mucous membrane.

For the clinical history, Dr. Williams expresses his indebtedness to Dr. Owen, his house physician; and for the pathological description, to Dr. Allen.

EXHIBITS BY DR. ALLEN.

Acute Miliary Tuberculosis of the Spleen and Pleura.

This spleen weighs seven ounces; its capsule is dotted with rather coarse, yellowish, but firm tubercles; on section, its substance is thickly studded with fine hard grey tubercles with sharply defined borders, none of them being above a millet seed in size. A piece of the diaphragm is also shown; the pleura lining its upper surface, at the summit of the left convexity, is covered with rather large yellowish tubercles, at parts arranged in small groups, at parts running together into large coherent opaque patches, in which the individual tubercles can scarcely be distinguished. Portions of the surface were originally deeply injected, and tags of partly organised lymph can be seen here and there upon it.

These specimens were obtained from M. M., æt. 16, who was admitted under the care of Dr. Fulton, on May 28, 1883. She said she had been ill five days. Her mother states that she was delirious for two days previous to admission. On admission patient complains of pain and tenderness in the lower part of the

abdomen. She has also headache and is perspiring freely. Tongue moist, slightly coated, papillæ enlarged. Lips dry and brown. Bowels opened by medicine, motions very offensive, light in colour. The abdomen is slightly swollen, and there is tenderness on pressure, especially in the right iliac fossa; no spots on the abdomen or chest. Urine acid, dark in colour, containing urates, no albumen.

June 3.—Tongue moist, coated in centre, papillæ enlarged; pain in right iliac fossa.

June 7.—Skin moist, abdomen slightly swollen, no spots.

June 8.—No pain in iliac fossa.

June 10.—Has pain and tenderness down the inner side of the left leg. The foot is slightly cedematous and the veins enlarged.

June 12.—Had slight tendency to vomit last night.

June 17.—Stools still light in colour, no pain in the leg.

July 11.—Has pain and tenderness in the left side over the spleen.

July 12.—No pain in the left side.

July 31.—Has pain and tenderness in the right side over the liver. Hepatic dulness not increased.

August 2.—No pain in the side.

August 4.—Bowels open yesterday without medicine.

August 5.—Bowels again slightly open without medicine.

August 8.—Has slight pain and tenderness in the right side and in the epigastrium.

August 14.—No pain or tenderness; is taking her food much better.

August 16.—Slight tenderness in epigastrium.

August 17.—A few moist sounds heard over the right infra-clavicular region. Is taking her food well.

August 19.—Râles still heard. Still taking her food very well.

August 22.—A few râles heard over both lungs.

August 29.—Complains of pain in the right ear extending up the side of the face. Breathing harsh over right apex. Has very slight cough.

August 31.—Has severe headache, especially at the back. A few râles are heard in the left axillary region. Does not take her food.

Sept. 2.—Still has severe headache. Bowels slightly open without medicine. Some friends visited her, but in a few hours time she forgot they had been present. Tongue clean and moist.

Sept. 3.—Still has headache. Tongue coated and moist. Is moaning. Was noisy during the night. Did not sleep, is delirious at times, cannot swallow anything.

Sept. 6.—Still moaning. Had hiccough yesterday, and several times during the night. Has retention of urine. Tongue inclined to dryness.

Sept. 7.—Still moaning. Had hiccough several times yesterday. Tongue dry, lips and teeth covered with sordes. Bowels open slightly.

Sept. 8.—Died, 4 a.m.

Throughout her illness her bowels were never open naturally except on one or two rare occasions.

At the autopsy, as before mentioned, the left pleura was thickly studded with tubercles, which over the diaphragm often ran together into opaque yellowish patches in which the outlines of the individual tubercles could scarcely be discerned. The lungs were almost free from tubercle, with no trace of cheesy matter or softening; the dependent parts were much congested and friable. A few tubercles were studded through the liver, one rather large yellowish patch abutting on the capsule on the convexity of the right lobe. There was no ulceration of the intestine, no cheesy disease of the mesenteric glands. In fact, no defined softening cheesy focus could be discovered. The disease seemed to have commenced in the left pleura, especially on the diaphragmatic surface; it had spread to the peritoneum below, and had infected the spleen and in less degree the liver.

Incompetent Aortic Valve with vegetations and ulceration.

Here the aortic orifice is guarded by only two segments, which are thickened, opaque, and puckered, with ragged torn edges from which long vegetations were pendent; there is a deep vertical ulcer along the line of junction of the two segments on the right side, commencing above in the aorta, just at their point of union, and widening into a broad pouch as it passed down towards the ventricle; at the left junction, also, there is a small ulcer, and just below it a small but distinct pouch on the surface of the anterior curtain of the mitral valve. The vegetations hanging from the valves have rubbed against the mitral valve and against the interventricular septum, and have produced secondary thickening and granularity on the surfaces of both. The mitral and tricuspid valves are fairly competent. There is general dilatation

of the heart, with abundant hypertrophy of the ventricles, especially the left, the wall of which is nearly an inch in thickness near the base. The weight of the heart is 25 ounces. The aorta itself is comparatively healthy.

This specimen was obtained from R. W., æt. 56 years, who was admitted under the care of Dr. Fulton on July 25, 1883. He said he was perfectly well till nine months ago; then he complained of being dull and languid, with uncontrollable desire for sleep. The arms became weak, with numbness and coldness in the fingers. There was occasional dyspnoea and palpitation, especially on exertion. Loss of flesh was progressive, and he had a cough gradually increasing in severity, with greenish tenacious sputa sometimes tinged with blood.

On admission the patient was pale; the pulse regular, but of decided aortic water-hammer character. There was bulging at the præcordia with increased dulness; the heart sounds were muffled and prolonged, with no audible bruit. Sibilant rhonchi and râles could be heard all over the chest. The urine was acid, with a trace of albumen and granular casts.

Early in August a distinct systolic aortic bruit became audible; the congestion of the lungs continued; blood appeared again in the sputa in increasing quantity, and death took place on the 25th.

At the autopsy there was no œdema of the lower extremities; there was fibrous condensation with some old tubercle of the upper lobes of both lungs, with low inflammation of the lower lobes. The liver was nutmeg; and there were old embolic lesions in the spleen and right kidney.

Renal Calculi.

The right kidney is greatly enlarged, of very irregular shape, firmly bound to the connective tissues around. From the outer surface it feels like a bag of calculi. On cutting into its interior, the pelvis is found closed by a flattened, smooth calculus, accurately moulded to the shape of the cavity. The calices are all greatly dilated; many of them are occupied by irregularly rounded calculi, some of which are very small, but most are of large size, six being over an inch in length; the other calices contained turbid whitish fluid. The calculi are yellowish white, very friable, phosphatic; but some of them contain small rounded nodules of brown colour, composed of uric acid.

The left kidney, also exhibited, is in a similar condition; the kidney tissues are even more atrophied than those of the right, but the contained calculi are fewer in number, and of smaller size. Altogether the two kidneys contain eighteen calculi.

The right ureter was dilated throughout, even to its lower orifice, the coats of both ureters being thickened. The bladder was hypertrophied, not dilated; its inner surface was granular, and mottled with patches of deep congestion; its cavity contained turbid whitish urine, and a small flattened calculus.

These specimens were obtained from H. J., æt. 30, who was admitted under the care of Dr. Moloney on October 30th, 1883. He stated that he was quite well till eight weeks ago, when he first felt pain and weakness across the loins, the pain passing through him towards the stomach and chest. But he had long been troubled with cough and expectoration. He had drank to excess. His mother was an asthmatic; his father, brother, and sister are healthy.

On admission the breath sounds were faint over the right base, with coarse râles over the lower part of both lungs. The sputa were "bronchitic." The heart's action was feeble; the tongue brown, coated and dry; the bowels confined. The urine was neutral, very thick and opaque, albuminous, with a whitish phosphatic sediment.

On November 2nd he was very weak and feeble, unable to lie on his back, so that the nurse had to turn him frequently from side to side. In the evening he again asked to be shifted, and as the nurse was doing so he gave one gasp and died immediately.

At the autopsy the body was found to be spare, with well-developed rigor mortis, no œdema, no ascites. The heart was everywhere relaxed, weighing $9\frac{1}{2}$ ounces; the free edge of the mitral valves were thickened and opaque, but otherwise the valves were normal. The ventricular walls seemed well nourished. There was slight atheroma of the aorta above the valves.

There were firm old adhesions all over the right lung, the lower lobe being riddled with dilated bronchial tubes, the intervening tissue being almost airless; the upper lobe was extremely emphysematous. The left lung was emphysematous, pitting on pressure, and was bound to the chest wall posteriorly. The liver was intensely congested with patches of advanced fatty infiltration. The vessels of the brain were free from atheroma or embolism;

the Pacchionian bodies were well developed ; there was no apoplexy or softening ; the puncta cruenta were well marked.

Note.—Several points of interest in this case will bear some slight comment. In the first place, the great number and size of the calculi is remarkable, especially in a young adult, apart, in the left kidney at least, from any complete obstruction of the ureter. Secondly, the renal mischief was very insidious, the concretions reaching a great size, and the kidneys becoming sacculated and partly atrophied, without any corresponding symptoms, even lumbar pain not being noticed till two months before death. Thirdly, the absence of any hypertrophy of the heart in a young subject deserves passing notice. Fourthly, the chronic bronchitis, the old adhesions of the pleura, the collapse of the right lower lobe with consequent bronchiectasis, and the general emphysema of other portions of the lungs resemble rather the conditions of advanced life than of early adult age. Lastly, the sudden death was evidently due to syncope, an event not very rare in advanced kidney disease ; thus a patient with old stricture, dilated ureters and hydronephrosis may drop dead while walking along the ward, without embolism or very distinct evidence of extreme uræmia.

*Acute Tuberculosis in a Child six months old, without
Tubercular Meningitis.*

P. J., a female child, aged six months, was brought to the hospital dead on October 29th, 1883. The body was flabby and poorly nourished, weighing somewhat under nine pounds. There was a scrofulous sore on the scalp over the left parietal eminence, and scabs of similar processes were thinly scattered about the head. Around the anus the skin was decidedly reddened, and thin turbid yellow fluid was oozing from the bowel. The left ventricle of the heart was feebly contracted ; the valves were normal ; the foramen ovale had still a small valvular orifice ; the endocardium and pericardium were both free from tubercle. The thymus gland was well developed, and also free from tubercle. The glands around the root of the right lung were much enlarged, opaque, yellow, moderately dry, and cheesy. The cheesy glands appeared to extend into the substance of the lung, becoming almost continuous with a wedge-like mass of cheesy matter at the base of the upper lobe, bordering on the inter-lobar sulcus. The lung substance around this wedge was sparsely studded with

hard grey opaque granules of miliary tubercle, and larger more yellowish nodules were scattered beneath the pleura of the upper lobe. The apex was quite free from cheesy deposits or cavities. The lower lobe was congested, gorged with fluid, and friable.

In the left lung, both lobes, but especially the upper, contained small tubercles in process of cheesy change, most numerous however beneath the pleura. The extreme base was engorged and friable. A few specks of grey tubercle could be seen on the upper surface of the diaphragm.

The liver was large, small yellowish grey tubercles being scattered in considerable numbers just beneath its capsule; others were found thinly studding the substance of the organ, some being tinged with bile. The lymph glands of the small omentum were much swollen, and thickly dotted with softening tubercles.

The kidneys were pale, their capsules slightly adherent, a few points of tubercle lying here and there on the surface.

The surface of the spleen was studded with granules of tubercle, at parts cohering in little groups. The section was dark purplish, with great numbers of sharply-defined hard grey granules scattered over it.

There were several slight recent intussusceptions of the small intestine; the mucous membrane was rather coarsely velvety; Peyer's patches were pitted by bursting of numerous follicles; the solitary glands were swollen and opaque. In the colon near the cæcum there was a pale superficial ulcer nearly one-third of an inch in diameter, and the solitary glands were more decidedly swollen, having in many instances a dark spot at their apices. The mesenteric glands were somewhat swollen, some being pink and vascular, while here and there one would be already cheesy.

In the cranium the posterior fontanelle was quite closed; the anterior one was irregularly diamond-shaped, measuring $1\frac{1}{4}$ inches from before backwards, and $1\frac{1}{2}$ inches from side to side. The membranes of the brain were congested, but there was no lymph or tubercle in the pia-arachnoid at the base of the brain. Within the left optic thalamus in the inner capsule (corona radiata) there was a softening cheesy nodule a quarter of an inch in diameter.

Note.—This case deserves attention on account of the early age, six months, at which the patient succumbed to acute tuberculosis; secondly, by reason of the distinct wedge-shape of the cheesy mass in the right lung, a shape so suggestive of arterial obstruction, or at least of the disease corresponding in its disposition with a

terminal branch of the pulmonary artery; and thirdly, because the pia-arachnoid was exempt while the left thalamus suffered. The history given at the inquest was one of privation and bad feeding.

Tuberculosis of Abdomen.

About three inches above the ileo-cæcal valve is an old standing tuberculous ulcer, running transversely round the greater part of the calibre of the intestine; its edges are puckered, shelving, and pigmented; its base firm, opaque, grey, granular, and uneven. The sub-peritoneal and peritoneal tissues opposite are thickly studded with large grey granules, with opaque whitish lines running to the mesentery.

In the mesentery immediately adjacent was a large group of swollen cheesy glands, softened to a granular pulp at their centres. Other firmer cheesy glands were scattered through the mesentery and behind the peritoneum. Several softening glands were also found in the small omentum to the left of the hepatic vessels.

The serous surface of the intestines, the mesentery, and in less degree the peritoneum covering the other organs of the abdomen were studded with tubercles, varying in size, but tending to be large and flattened, many attaining a diameter of one-fifth of an inch. Some of these larger tubercles were distinctly formed by aggregation of smaller ones, but others seemed to be simple and undivided.

The spleen is large, deep red, pitting on pressure, typically sago-grained, with the characteristic mahogany coloration on the application of iodine solution; its surface is thinly dotted with flattened tubercles, and several homogeneous cheesy masses were found in its interior, the largest measuring two-fifths of an inch in diameter.

The liver was fatty, not amyloid. There was also an encysted hydrocele, growing from the back of the globus major of the epididymis, the sac being $1\frac{1}{2}$ inches in diameter, imperfectly subdivided by fine membranous septa, and with several smaller thin-walled cysts projecting into it from the surface of the epididymis.

The glands on the left side of the neck and in the left axilla were enlarged.

The lungs were engorged posteriorly and friable, but were almost entirely free from tubercle.

The patient, W.E., æt. 53, a fisherman, was admitted under the care of Dr. Moloney on August 30th, 1883. He dated his illness from an injury to the back, sustained two years previously, the

prominent symptoms from the first being pain, weariness, disinclination for work, and loss of flesh. More recently he has noticed fulness in the abdomen and loins, and about two months ago swellings appeared in the left armpit and root of the neck.

On admission the body was somewhat wasted, the face dusky, the abdomen distended, the legs and feet œdematous, purpuric spots on the hands. Breath sounds normal; a systolic bruit audible over the whole area of the heart. Appetite good; no vomiting. Family history good, so far as known.

In September diarrhœa set in; the bruit and the œdema of the legs disappeared. But the diarrhœa persisted in spite of treatment until death, on October 22.

ADELAIDE BRANCH—BRITISH MEDICAL ASSOCIATION.

We have received that part of the volume of Transactions of the Society, which contains the proceedings of the monthly meeting, held on 27th September last.

Dr. Davies Thomas exhibited specimens of various tapeworm heads got from man; and from the dog, cat, and kangaroo. He stated that up to the present time he had not met with any instance (in Adelaide) of *Tænia Solium*, the measles of which is found in pigs, while that *T. Medio-Canellata* or *T. Saginata*, as it is usually called by Continental helminthologists, is found in the flesh of the ox. Between twenty and thirty dogs had been examined by him in Adelaide, ten in various places in the south-eastern district of South Australia, and ten in Melbourne. In almost all cases *T. Cucumerina* was present, in nearly forty per cent., *T. Ecchinococcus*, very frequently *T. Monginata*, but in only one instance *T. Serrata*. From the cat there was got a specimen of *T. Crassicolis*; and from the kangaroo, specimens of *T. Festiva*.

Dr. Thomas gave an account of a case of hydatid disease of the right os ilium, with exogenous formation of secondary cysts beneath the gluteus maximus. After various minor operations, free incisions had at last to be made through the whole thickness of the gluteus for the evacuation of the cystic contents of the growth, and though at one time serious septicæmic symptoms showed themselves, recovery quickly followed full and free drainage. The double points of interest in the case were the

formation of the hydatid primarily in the interior of bone, which is comparatively rare; and the formation of exogenous cysts, which is not frequently seen in man, though common among the herbivora. Dr. Thomas also insisted, as was done by Dr. Bird in a recent communication to the Victorian Medical Society, on the importance of free exit being given to fœtid pus and decomposing cysts after operation.

Dr. W. Gardner supplied short notes of two cases of cystic omental hernia, both patients being women, and the seat of the hernia being, in both, the right groin. Cure was obtained by operation, the pedicle in the one case being doubly ligatured and divided between; while in the other case the cyst was first opened and after removal the pedicle was sewed into the external abdominal ring, to lessen the tendency to fresh hernial protrusion.

A number of interesting pathological specimens were also shown.

MICROSCOPICAL SOCIETY OF VICTORIA.

The tenth Annual Meeting of the Microscopical Society of Victoria was held on Thursday evening last, the President, Dr. Ralph, occupying the chair. A letter was received from Baron von Mueller, expressing his regret that illness prevented him from being present. Mr. P. E. Petherick was duly elected a member of the society. The Committee's Annual Report was presented, from which it appeared that the number of members was on the increase, and that the funds of the society were in a fairly satisfactory condition, although attention was called to the fact that the subscriptions of some of the members were considerably in arrear. The list of additions to the library comprised a considerable number of books and journals, the most important being a complete set of the *Monthly Microscopical Journal*, Pritchard's *History of Infusoria* (last edition), and Leidy's *Freshwater Rhizopods of North America*, the latter work being the gift of Baron von Mueller. The report also mentioned that the Committee had decided on purchasing a microscope for the use of members. On the motion of Mr. Blackett, the report was received and adopted. The President then read his annual address, in which he reviewed the various means and appliances now used in the prosecution of microscopical research, also the recent advances in our knowledge of bacteria and their relation to the different septic diseases. The address concluded with an

allusion to a suggestion, made by the president of the Royal Society in a recent address, as to the practicability of a union between the Royal Society and the various other scientific societies of the colony. This passage was followed by an animated discussion, several members being of opinion that such a union might be advantageous, provided that it could be effected without sacrificing the autonomy and independence of the society. It was ultimately decided that a sub-committee should be appointed to confer with the council of the Royal Society, and ascertain the terms on which a union could be consummated; the sub-committee to consist of the president, vice-president, and treasurer. The following officers were appointed for the ensuing year:—President, Dr. Ralph; vice-president, Rev. J. J. Halley; treasurer, Mr. R. Haig; secretary, Mr. W. M. Bale; to fill four vacancies on the committee, Messrs. W. W. Allen, F. Barnard, C. R. Blackett, and A. H. S. Lucas.

Hospital Reports.

MELBOURNE HOSPITAL.

Fracture of Spine at Fourth Dorsal Vertebrae—Hæmorrhage from Bladder—Death on the Thirteenth Day.

Under the care of Mr. T. N. FITZGERALD.

Reported by J. W. BARRETT, M.B., Ch.B.
Resident Medical Officer.

T. W., æt. 23 years, admitted March 3, 1883. On day of admission this patient fell from a woodstack about 16 feet high, and injured his back. When admitted, he was conscious and sensible. He had complete loss of sensation and motion in the lower half of his body, and as far upwards as the sixth rib, where there was sharply-defined demarcation between the sensitive and anæsthetic parts. He had marked priapism, which subsequently diminished somewhat, but never entirely disappeared while he lived. There was no loss of sensation or motion in his arms. The lower part of his chest did not expand nearly so freely as the upper. He had retention of urine from the first, and the urine soon became ammoniacal.

Six days after admission fluid black blood began to come away with the urine in large quantities, and continued to do so almost without intermission until his death on April 2nd.

Four or five days before death, sloughs began to form on the dependent portions of his feet and legs, and he was further exhausted by obstinate vomiting.

At the autopsy, the laminae of the fourth and the spine of the fifth dorsal vertebræ were found broken across; the spinal cord was crushed; the coats of the bladder were infiltrated with blood, the viscus having a contused appearance. The mucous membrane was deep purple, and encrusted with phosphates; the ureters were dilated, and pyelo-nephritis was rapidly progressing.

Aneurism of Abdominal Aorta bursting into the Sub-peritoneal Tissue.

Under the care of Dr. FULTON.

Reported by J. W. HARBISON, M.B., Ch.B.

Resident Medical Officer.

J. C., a miner, aged 40, was admitted on June 2nd, 1883, suffering from pain in the upper part of the abdomen of five months' standing. At the onset of the disease, vomiting was rather troublesome. The pain increases after meals, and little solid food can be taken. There is no history of any severe muscular strain, nor of any gouty or syphilitic mischief.

On examination, the patient was found to be well-nourished and muscular; there was fulness in the epigastric region, with marked pulsation, which could be felt from the ensiform appendix downwards for about three inches, and for about the same distance on either side of the middle line. There was tenderness on pressure in the same area, and on auscultation a loud systolic bruit was heard, not perceptible, however, in the flank or posteriorly. There was also pain on pressure over the lumbar spines. The chest sounds were normal.

A week after admission, the patient was found one morning on his knees, pressing his abdomen against the edge of his bed; he complained of intense pain in the epigastrium, which set in very suddenly. The pain continued severe; the breathing became shallow and jerky, the pulse rapid, feeble, and compressible, and death occurred on the following day.

At the autopsy, conducted by Dr. Allen, a large aneurism was found growing from the front of the abdominal aorta, just below the decussation of the crura of the diaphragm, the aneurism involving the root of the celiac axis, and, in less degree, the

superior mesenteric artery, and spreading forwards and to the left. The sac had burst into the sub-peritoneal tissue, opposite the upper border of the pancreas; the extravasated blood had spread into the small omentum, and so along to the cardiac orifice of the stomach; thence it had passed upwards around the œsophagus, as far as the roots of the lungs, where it ceased abruptly. Its upward course being checked, the sub-peritoneal tissues became more and more infiltrated with blood, till at last the peritoneum gave way over the sac, and blood was effused into the cavity of the omentum, filling it with clot; then the over-plus escaped by the foramen of Winslow into the peritoneal cavity, and ran down even into the pelvis.

Poisoning by Cyanide of Potassium.

Under the care of Dr. MOLONEY.

Reported by J. W. HARRISON, M.B., Ch.B.

Resident Medical Officer.

T. C., æt. 33 years, was admitted into the Melbourne Hospital on the 28th August, 1883. He was then almost unconscious, and was said to have taken cyanide of potassium. The almond odour was quite distinct, even at some distance from the body. The face was flushed; the pupils answered to light; the pulse was rapid, small, and feeble; there were several slight convulsions.

The stomach pump was used, and after carefully washing out the contents of the stomach, some sulphate of magnesia was introduced. Ammonia was applied to the nostrils. The patient soon rallied a little, and complained of burning pain in the throat, with dryness and thirst. He said he had taken a quantity of the cyanide equal to two peas in size. Abundance of mucilage was administered, and the patient was able to leave the hospital on the following day.

Australian Medical Journal.

NOVEMBER 1883.

THE PUBLIC HEALTH BILL.

The long-expected Health Bill has at last become law. We may have reason to complain that so little time was allowed for a preliminary discussion of its provisions by experts and persons interested; but, on the whole, we may express satisfaction with the result. It has been little altered in its passage through Parliament, and it can hardly be said to have been much improved—in some respects, indeed, it has been changed for the worse. As many of our readers may not have had an opportunity of studying its provisions, a short indication of the purport of those which have a specially medical interest may not be unwelcome. The Bill is divided into eight parts, containing enactments respectively on:— (1) Central and Local Boards of Health; (2) Prevention of Adulteration, &c.; (3) Infant Life Protection; (4) Infectious Diseases and Hospitals; (5) Nuisances; (6) Dwelling-houses; (7) Miscellaneous; (8) Legal Proceedings.

With the passing of the Act the present Central Board ceased to exist, and a new board, consisting of nine members, takes its place. Considering the extensive powers the new board is to possess, and the large amount of work it will have to do, provision should have been made for payment to the members. An attempt was made to get this done, but it was too late, the effect, however, being to elicit a promise from the Chief Secretary that, if it was found necessary after trial, a short Bill would be introduced next session to legalise payment. Of course it is the old story of doctors being expected to do for nothing what would never be done by lawyers on the same terms. For it must be assumed that medical men will form a standing majority on the board. It would have been better, on the whole, if the number of members had been smaller—not more than five—as there would thus have been a greater sense of responsibility on the part of those who fill the position; and besides, there would thus have been a better chance that the payment

would have been adequate, sufficient, that is, to compensate a professional man for the time devoted to doing public work. An important point is gained in Clause 14, in which power is given to the Central Board to appoint some officer to do any duty which a local board persistently neglects, and to recover the cost out of the corporate funds. It is to be lamented that, almost without discussion, the Assembly reduced the minimum salary of an officer of health from £50, as proposed, to £10, and that the members of the Council, from whom better things might have been expected, did not restore the higher figure. There was the less excuse for the reduction, that it is permitted to the local boards of two or more districts to combine in the appointment of a health officer. Again, the popular notion, very much of our own creating, that if medical men cannot be got to do professional work for nothing, they shall at least be paid at an absurdly low rate. We fear that the effect must be, human nature being what it is, that efficiency will be sacrificed, though we are also sure that the work done will, on the average, be greatly out of all proportion to the remuneration. It is rightly provided, we think, in Clauses 16 and 17, that the officer of health is to give the inspector of nuisances his instructions, which the latter is enjoined faithfully to obey and carry out; and that the health officer shall have, and so may, if necessary, exercise all the powers conferred on the inspector. The rest of this part is taken up with an account of the powers of local boards in the way of framing bye-laws for regulating various trades and businesses, and for the general prevention of nuisances, special mention being made of dairies and milkshops, bonedust and manure works, slaughter-houses, rag and marine stores, and noxious trades generally. The prevention of the use of steam-whistles, so as to be a nuisance, is also mentioned among the things which may be done. No bye-laws can come into force until a month's due notice has been given in the place to which they are to apply, and until they have been confirmed by the Central Board.

The clauses in the second part, bearing on the prevention and punishment of adulteration, seem to be sufficiently

stringent, and yet fair. The provisions are made to apply to the sale of drugs, as well as of articles of food and drink. To make the provisions effective, it is of course necessary that the services of an analyst should be easily attainable; and therefore it is not merely enacted that local boards *may* appoint such an official, but, in case it seems desirable, they *shall* do so when required by the Central Board, which also has to approve of his appointment or dismissal. More than one local board may appoint the same analyst, whose main payment will probably be from fees, which are fixed at a sum not exceeding ten shillings and sixpence for each article analysed. Strict regulations have also been made, empowering the seizure of unwholesome food of any kind, and especially meat, the trade procedures, known by the technical terms "greasing," "blowing," "spouting," "stuffing," and "pricking," being enumerated as forbidden, and the sale, or possession for sale, of meat so made unwholesome, or of the carcasses of diseased animals, being made subject to unusually severe penalties. This is certainly right, in view of the two circumstances, that the sale of unwholesome or diseased meat has no excuse on the ground of scarcity, and that the consequences of its use may be so serious. It will probably be found that the efficiency of the regulations under the last head has been spoiled by the introduction of the saving word "knowingly," as it will be almost impossible to prove knowledge.

The third part, headed "Infant Life Protection," is very properly introduced. It forbids the keeping of more than one child (or twins) under the age of two years, for hire, in any house, unless it and its occupier are registered, reservation being of course made for public institutions and relatives or guardians. The keeper of a registered house must enter in a book, open to inspection, the names, &c., of infants received or removed, with the names and addresses of persons bringing or removing them. Provision is made for the registration of proper persons only, and for the removal, if necessary, of names from the register, and for the infliction of penalties for any infringement of regulations. It is simply a question of local boards doing their duty to

prevent the abuses of baby farming taking strong root, indications of its existence being already sufficiently plain.

On the subject of "Infectious Diseases and Hospitals," in Part IV., many matters of importance are enacted ; though not unfrequently, with considerable looseness of expression, different terms being sometimes used without any definition of the special sense in which they are used. For instance, the word "malignant" is used, in Sections 75 and 76, to characterise some infectious diseases, while elsewhere the word used is "dangerous." From the context it may perhaps be inferred, that the malignant infectious diseases are those which have not yet obtained a settlement in these colonies, small pox, cholera, plague, and yellow fever being the only diseases specifically so described. If the intention was to distinguish two classes of infectious diseases, this should have been clearly done, and the names of these diseases given in the form of schedule. If not, then the word "dangerous," which is quite sufficient, should have been consistently used. Perhaps the intention was to give special powers in dealing with small-pox and the other diseases called "malignant," but this should have been put beyond mistake, and the diseases so classed enumerated as fully as possible. So with the class of dangerous infectious diseases, if class there is. A schedule should have been framed, or there may be trouble given unnecessarily over comparatively slight ailments, such as varicella or r  theln, which are hardly to be called dangerous at all, and which are, by implication, held as liable to the same regulations of quarantine, &c., as others of quite a different character. It will surely be something akin to absurdity to make parents liable to serious penalties if they allow children to go out when suffering, or send them to school sooner than three months after recovering, from an attack of chicken pox or German measles, for which medical attendance is often hardly thought necessary. Excessive precautions are sometimes almost as bad as overlax ones, in so far as they provoke neglect or disobedience. At present, too, it is left in doubt whether gonorrhoea, contagious skin diseases, &c., may not come under the Act. Some of them certainly are both more dangerous and more troublesome than varicella or r  theln.

The sooner the scheduling above recommended is done the better, in the interests of all concerned, whether patients, medical men, or the guardians of the public health, vagueness being unnecessary, and certainly undesirable, on matters of such importance.

For the purpose of checking the spread of infectious diseases of the kind called malignant, very extensive powers are conferred on the authorities. In Clause 75 it is provided that if a certificate, signed by the officer of health of a district and two other medical practitioners, shows that small pox, cholera, or any other malignant infectious, or contagious disease exists in any district, and that there is danger of it spreading, it shall be lawful for the Governor in Council to make an order empowering the stoppage of all traffic along certain streets, &c., to be specified by the Central Board, and to check all intercourse to or from any house as long as may seem necessary. Practically these powers have already been exercised, but it is well that they should be clearly defined; and it would have been well, all things considered, as before said, that something more definite should have been given than a mere "any other" malignant, &c., disease. Clause 76, as originally drafted, enjoined the owner or occupier of any house, in which there is any person suffering from small-pox, cholera, plague, yellow fever, or other malignant, infectious, or contagious disease, to report within twenty-four hours to the local board. In the Assembly the duty of reporting was laid on the medical attendant, under pains and penalties, but without any mention of remuneration for the doing of public work. This was clearly unfair. There may be room for, and there actually is, difference of opinion about the advisability of taking the shortest and surest road to get information about the occurrence of epidemic diseases in a locality—viz., by getting medical men to supply it—but by what right they should be called on to take time and trouble, and possibly incur odium, in a matter which is not of their bringing about, and for which they are in no way responsible, is a mystery. Of course, as the clause stood, there was difficulty, in that the occupier of the house might plead ignorance of

the nature of the disease, and it would not be easy to prove that he did know; and on the principle "*salus populi, suprema lex*," it might be permissible to insist on information being obtained from those who are supposed to know. But if the public is to get the benefit of skilled knowledge, it should be prepared to pay for it. It was too late, perhaps, to get that change made when the Bill came before the Council, but a compromise was effected by an alteration being made, which, while leaving the duty of reporting on the occupier of the house, put the duty of informing him on the medical attendant. It is rather doubtful in how far the clause will be found to work well, and it will perhaps be found desirable by local boards, desirous of getting speedy and reliable information, to encourage medical men to report to them direct, by giving a fee for every such report. This plan has been found to work well in some towns in Great Britain, and it would only be necessary for the local board to do what the Act has not done, that is—give a list of the diseases which it desired to have reported.

Clause 77 is singularly defective. It directs that if the health officer, or two legally qualified medical practitioners, certify that the cleansing or disinfecting of a house is desirable, or will tend to prevent the spread of infectious disease, the local board shall enjoin the owner or occupier so to cleanse or disinfect. But there is no provision for informing the unfortunate occupier what exactly he is to do; and, having done something, there are no directions as to satisfaction being given to the local board or the health officer, that what has been done is of any avail. Considering what popular notions about disinfection are, the likelihood, almost the certainty is, that the procedure will be a sham. Only when the owner or occupier is unable, from poverty or other cause, to do what is enjoined, the board may undertake at its own expense the cleansing or disinfecting. The truth is that, where it is clearly shown that disinfection is needed, it is absurd to leave the matter in the hands of the average householder, and the board must either do it by means of its own officers, or have it superintended by them, and done to their satisfaction.

It is unfortunate that the Government and the Houses of Parliament have really connived at playing with sanitation, not only in this clause but in No. 79, where the providing of a proper place and apparatus with attendance for disinfecting of bedding, clothing, &c., is left to the option of the local boards. It should have been made compulsory, with leave for two or more boards to combine in providing the appliances in some suitable place. Until proper means, with skilled attendants, are available, disinfection, in any right sense of the word, will not be carried out. Clause 86 is more stringent, since it directs that any person, before letting a house or part of a house, in which a case of dangerous infectious disease has occurred, must disinfect it to the satisfaction of a legally-qualified medical practitioner, as certified by him, or incur a penalty not exceeding twenty pounds. No limit of time is fixed, and it may be considered as certain that it will not be easy to get owners of property to realise their duty and responsibility in this respect. In fairness there ought to have been an addition to this clause, making it penal on the part of persons to rent and occupy a house without informing the owner, if asked, that one of the intending occupants had recently suffered from contagious disease. There is no doubt that epidemics are frequently introduced into summer resorts by convalescents, and that great loss may be sustained by house owners, as well as risk run by others, from such unfair concealment. Clause 81 gives power to remove to a hospital, on the certificate of a legally-qualified medical practitioner, and on the order of any justice, a person suffering from infectious disease, who is on board ship or has not proper lodging. The order is to be given by the justice to some officer of the board, and anyone disobeying or obstructing the execution of the order is liable to a fine of ten pounds. Clause 83 is an important one, as it provides penalties against persons wilfully exposing themselves, or others in their charge, in any public place, or using any public conveyance, without notifying the owner or person in charge; and also against giving, lending, selling, or transmitting any bedding, &c., which has been exposed to infection, without having pre-

viously disinfected it. In Clause 85 it is enacted that a child must not be sent to school within three months after suffering from a dangerous infectious disease, or from a house in which such disease has existed within six weeks, unless on a medical certificate showing that the child is free from disease and infection. Perhaps the term of three months is a somewhat long one, though of course there is the reservation about the medical certificate. Under the heading "Hospitals," it is provided, in Clause 88, that a local board may provide a hospital or temporary place of reception for the sick, or may join another board in doing so. This provision ought to have been mandatory, if other provisions for checking the spread of disease, already referred to, are to be efficiently carried out. Managers of hospitals receiving State aid may be compelled by order of the Central Board to make reasonable arrangements for the admission of cases, and any expense incurred in keeping a person in hospital is made recoverable from him by summary process. (Cl. 89, 90.)

On the other parts of the Bill, as having less direct medical interest, we cannot at present enter. They contain many valuable provisions, and there may be opportunity for considering their purport and bearing on some other occasion.

MEDICAL TESTIMONIALS.

The medical public of Germany is much more sensitive than we are on the point of giving testimonials in favour of proprietary preparations of medicinal agents. There is no doubt this trade is very much overdone, and the syrups, liquors, elixirs, and pills, so widely advertised, tend to encourage the habit of drugging by members of the general public, and indirectly favour quacks and nostrum-vendors. There is no doubt that our profession has a good deal to answer for in this matter. We have been led to refer to this subject by a rather amusing incident, which has been causing some excitement, perhaps unnecessary and certainly extreme, in certain medical circles in Germany, and especially in Berlin. No less a man than Professor Virchow has been charged with encouraging quackery and the sale of secret

remedies, and has felt himself compelled to write to the editor of the *Berlin Klin. Wochenschrift* a letter of explanation. He had been ailing, he said, and a druggist sent him a box of pills, well enough known in the trade, but of his own make, and asked him to give them a trial. No answer was sent, and again a kindly letter came from the druggist, soliciting a trial of the pills. Some time after, being from home, and feeling the need of something on account of constipation, he took a dose of the pills, and, finding them efficient in every way, tried them again, with the same result. Thinking himself bound in courtesy to thank the sympathising druggist, he wrote a short note to the effect that he had not prescribed the pills to any one else, but, in his own person, had tried them, and found them good. Thereupon, and without leave asked or obtained, this letter was published as an advertisement, and the outcry began. Of course it was a very small affair, and the tumult raised over it was absurd; but the chief lesson to be derived from it is that medical men should be cautious in putting into writing their experience and opinions about any kind of proprietary preparations. Perhaps there would be no harm if we had a little more of the conservative spirit of our German brethren, though in this particular instance it may have been exhibited in rather an extreme form. We would be glad also to think that testimonials of the kind, when given, are drawn forth solely by anxiety to do justice to a valuable and too little known article of commerce.

Review.

ROBERTS' PRACTICE OF MEDICINE.*

When a book like this has reached its fifth edition, it has, in a manner, got out of the range of criticism. That it should have gone through so many editions at all, in a comparatively short time, is a sufficient proof that it has supplied a want. All that can be expected of a reviewer, therefore, under the circumstances,

* A Handbook of the Theory and Practice of Medicine, by Frederick T. Roberts, M.D. Fifth edition. London: H. K. Lewis. 1883.

is that he should point out in how far the author has kept faith with his readers, by revising his work so as to keep it well on a level with the times. In this respect, Dr. Roberts may well be described as a model of successful writers of text-books. He has not been content with making alterations, the want of which would have been easily detected, but has gone conscientiously through the whole, and made substantial changes wherever enlarged knowledge made them necessary. Being substantially a work of reference, there is an advantage in having it in one volume; and, by making the page slightly larger, there has been space made for quite a considerable addition to the matter contained, without apparent increase of bulk. It seems to be inevitable for works of this class to grow, but in this instance there has been no increase of price, and the book is certainly cheap. In revising it, Dr. Roberts has had two great helps, in the *Transactions of the International Medical Congress of 1881*, and in *Quain's Medical Dictionary*, in so far as in them there have been given the matured opinions of some of the best authorities on most subjects of importance in medicine. Only a few points can be mentioned, as showing the changes which have been made, as the result of the improvements in our art, during the three years since the previous edition was published. The attention excited by the occurrence, or rather the detection, in England, of cases of wool-sorters' disease, or internal anthrax, has led to the consideration of that subject as a whole being extended, so as to make a separate chapter. The section on tuberculosis has been greatly altered, and a very fair account given of the views of Koch, Creighton, and other recent investigators. An account of the very obscure affection known as myxœdema is introduced for the first time, its distinction from other forms of dropsy, if dropsy it may be called, being quite recent, and largely owing to Dr. Ord and other English physicians. But the most marked additions and alterations are, as might have been expected, in the section on diseases of the nervous system, which has been enlarged by more than twenty pages, the portion treating of diseases of the spinal cord being especially altered and expanded. Here the splendid work done by Charcot is clearly summarised. Finally, the section on diseases of the skin has been completely revised, and, indeed, almost re-written. New illustrations, to the number of eight, have been added, all of them of a practically useful sort. Enough has been said to show the character of this new edition, and we

hope, with the author, that it may "prove as acceptable to students and practitioners of medicine as former editions."

While we give all due praise to this book, we cannot help expressing regret that some physician, with the necessary knowledge and experience, combined with literary ability, cannot be found to offer to students and practitioners a book on practical medicine, more of the character of Niemeyer's Handbook or Watson's Lectures, which would present well-established facts and principles in a more readable form than the ordinary systematic textbook, however good of its kind. Surely something of the sort might be got from among such men as Sir William Gull, Dr. Wilks, Dr. Moxon, or Dr. Quain, singly or in some combination.

J. J.

Extracts from the Medical Journals.

LANCET.

A clinical and pathological study of laryngeal phthisis forms the title of an elaborate and carefully prepared article by Dr. Holmes, in the *Lancet* of 18th August, 1883. Like one who has thoroughly weighed what he purposes putting on paper, the writer unfolds his subject in a systematic manner, commencing with its history, finishing with its treatment; discussing on the way the opinions others have formed of its nature; and furnishing summaries of the most important statistics collected by those who at times have interested themselves in the matter. Following Dr. Holmes, it appears that the existence of laryngeal ulcerations in connection with phthisis was intimated by Morgagni as early as 1764, whose impression was afterwards not only confirmed, but more positively put forward by the great Louis. This eminent pathologist asserted that all such lesions, especially the ulcerations on the trachea and epiglottis, must be considered as affections proper to phthisis. For many years this dictum was generally held undisputed till the arrival of Trousseau, who, in 1836, in an essay that obtained the prize of the Academy of Medicine of Paris, in company with Ballo, distinctly proved the existence of phthisical, syphilitic, and cancerous ulcerations of the throat. Then arose the question as to whether tubercle is actually deposited in the laryngeal structures? Louis had emphatically stated he could find none. On the other hand his oppositionists, arguing from the analogy of similar affections being constantly

witnessed in the intestine, endeavoured to prove the existence of a like deposit in the larynx. However, all pathologists denied having actually seen tubercle in the throat, though many, especially among the Germans, such as Rokitansky, favoured the views held by M. Trousseau. Virchow now appeared, and put forth a solution of the difficulty which more or less harmonised both sides. As Dr. Holmes has it, "This chief of pathologists explains, in brief, that most observers were accustomed to recognize tubercle only in its advanced or caseous form, whereas, when miliary corpuscles are found in a membrane exposed to external injury, they disaggregate, produce ulceration simple and superficial, but do not become caseous, or give rise to any tumour. To this class," he continues, "belong the tubercles of the larynx, which give rise to laryngeal phthisis." "The larynx is recommended to those who wish to know tubercle." "And further," he states, "I am absolutely convinced that laryngeal phthisis is due to tuberculisation of the larynx."

Even though supported by this eminent authority, there are yet some who dissent from his view, and deny the specific or tuberculous origin of throat consumption, maintaining that ulceration of the larynx, without simultaneous or subsequent tubercle of the mucous membrane, never leads to laryngeal phthisis. The symptoms of laryngeal phthisis are hoarseness, sometimes amounting to complete aphonia; dysphagia, the pain on swallowing being intense, of an acutely burning description; tenderness about the larynx, usually an early sign, and therefore one of great importance. Cough, Trousseau's eructant cough, like dyspnoea, when present, is rather the outcome of lung complication, and may be absent altogether. These, together with the general appearance of the patient—that of a consumptive person—the pallor, stooping attitude indicative of physical enfeeblement, are generally sufficient to denote the nature of the trouble. To the laryngoscopist, two varieties of this disorder are familiar. The first presents itself as congestion of the mucous membrane of the larynx, nearly the same as seen in subacute catarrh, and from which it is difficult to distinguish it in its earlier stages; but the persistence of the redness, and subsequent thickening of the inter-arytenoid folds, coupled with increasing cachexia, diagnose phthisis. In the second and rarer variety, the first indication recognisable is well marked anæmia of larynx, succeeded by a pale, smooth, glistening tumefaction of the mucous membrane covering

the cartilages of the throat. Both forms are followed by progressive ulceration, which spreads with equal frequency over the cartilages, ventricular bands, and epiglottis. Inspection by the laryngoscope exhibits causes of the subjective symptoms of which such frequent complaint is made—difficulty in swallowing from swelling and tumefaction of the parts; dysphagia, from ulceration of the epiglottis; interference with phonation, from fixity of vocal bands, immobility of the crico-arytenoid joints, and so forth.

As has been stated, the point most disputed with reference to throat consumption is, whether or not the larynx is ever affected before the lungs are invaded with tubercle. Whichever may be the case, it is nevertheless certain that the disease may frequently be very evident in the larynx before any lung complication can be discovered. Some have thought that tuberculous expectoration has an infective or corrosive quality; and hence the earlier investigators were inclined to recognise in the sputum the existing cause of laryngeal phthisis, the larynx having previously become a weakened spot from some catarrhal irritation or cold.

As the ulcers in throat consumption have different modes of origin, so they exhibit several distinct forms. It may be said that four separate kinds have been recognised by various observers:—

(a) Tubercles are first deposited in the mucous membrane beneath the epithelium, and then by rapid destruction of isolated or conglomerate masses of tubercle a superficial ulcer is formed, which spreads more on the surface than by penetration.

(b) Follicular ulceration, the same, at first, as is so commonly witnessed in granular sore throat. In laryngeal phthisis, such an ulcer, apparently innocent, soon exudes pus, and spreads in a most rapid manner.

(c) A third kind, originating in an infiltration of the sub-epithelial layer of the mucous membrane, with cells and nuclei, due probably to the tenderness of the soft parts about the larynx in tuberculosis, and the inclination such structures have to ulcerate on being subjected to the slightest pressure.

(d) The shallow extensive erosions noticed by Trousseau and Belloc, as being uniquely found in phthisis. These resemble diphtheritic sores, their margins being either elevated or indurated, and their floor greyish in colour.

In considering the prognosis of laryngeal phthisis, Dr. Holmes remarks:—"The indefinite prolongation of life, so common in purely pulmonary consumption, as well as the possibility of a

virtual cure, must not be contemplated in the presence of this specific ulceration of the larynx." One authority remarks that out of a hundred cases, eighty-eight died in periods varying from six months to two years.

With respect to treatment, certain palliatives are of more or less value.

Astringents, such as a solution of perchloride of iron, from 60 to 120 grains to the ounce, applied to the larynx with a brush once or twice daily.

Sedatives.—Morphia by the mouth; or, mixed with starch, may be blown through the curved tube once or twice daily.

Tracheotomy is a proceeding very much in favour, both in America and on the continent. It certainly relieves pain, and, by soothing, serves to prolong life. Dr. Holmes speaks equivocally of it himself; but he quotes an authority in Lefferts, who highly recommends its adoption, especially in the early stages of the disease.

J. H. W.

GERMAN MEDICAL JOURNALS.

A New Hypnotic.—Perhaps the word new does not exactly apply, inasmuch as the agent referred to, the extract of *Piscidia Erythrina*, or Jamaica Dogwood, has been used to a considerable extent in America. It was introduced by the well-known firm of Parke, Davis and Co., of Detroit, but apparently has been yet comparatively little tried on the human subject, and under careful observation. Dr. Otto Seyfert published in the *Berlin Klin. Wochenschrift*, 29, 1883, a paper detailing what was previously known of its properties, and giving the results of his own clinical observations. He used a solid alcoholic extract of the bark, in doses of four to eight grains, and in some cases found it an excellent substitute for opium or morphia. It differs from opium in causing less headache and general disturbance of the system, in dilating instead of contracting the pupil, and in showing little or no tendency to produce sweating. He found it specially useful in allaying the irritating cough in phthisis; and in some cases, in which morphia and other sedatives had been long given and had almost ceased to take effect, rest and sleep were got from five grains of the extract of *Piscidia*, without sickness and other unpleasant after-results being felt. It may with advantage be combined with atropine when night sweats are profuse. In cases of sleeplessness, associated with chronic nephritis and gastric

dilatation, equally favourable effects were noticed. Seyfert occasionally found it fail, but the same has to be said of all other sedatives and narcotics; and, on the whole, it seems that in extract of *Piscidia* we have a valuable addition to what is perhaps the most undoubtedly valuable class of therapeutic agents.

The Etiology of Locomotor Ataxy.—Professor Erb, at the meeting of the International Medical Congress two years ago, brought forward evidence showing the frequent connection between syphilis and tabes, and, in a paper in the *Berlin Klin. Wochenschrift*, for 6th August last, he brings forward an account of a second hundred cases with the same view. Among the first hundred previously published, there were no fewer than 88 in which a history of syphilis, or at least of chancre, was obtained; agreeing with the results of many others, as Fournier, 93 per cent.; Voigt, 81.4 per cent. He remarks, also, that Leyden and other opponents of this view have ceased to bring forward any statistical evidence to the contrary, and rightly considers this silence significant. The second hundred cases gave the following results:—

No syphilitic infection	...	...	9 per cent.
Secondary syphilis certain	...	62	"
Chancre, but no known secondary symptoms	...	29	"

In these 91 cases, with more or less distinct history of syphilis, the tabetic symptoms shewed themselves at the following intervals after infection:—

Between 1 and 5 years	in 13 cases.
" 6 " 10	31 "
" 11 " 15	25 "
" 16 " 20	15 "
Over 20 years, or unknown,	7 "

It is clear, however, as Erb says, that these figures by themselves are by no means demonstrative of a causal relation between tabes and syphilis, without the check supplied by a knowledge of the frequency of syphilis among non-tabetic persons of a similar class. He has made inquiries on this point, and found among 1,200 male patients of 25 years and upwards, a history of secondary syphilis, or of chancre, in 22.75 per cent., the secondary cases being only 10.25 per cent. It appears, therefore, that for every 1 true syphilitic case among non-tabetic persons, there are 6 among tabetic; and Erb concludes "that hardly any one runs

the risk of acquiring tabes, who has not previously acquired syphilis." It has generally been represented that the history of locomotor ataxy among women goes to show that syphilis has very little to do with its causation. To this Erb replies that both diseases are much less frequent among women than men; in both about 1 to 10; that both are relatively common among women of the lower ranks, and much less frequent among those of higher ranks; the coincidences rather pointing to some connection between the two conditions. As a matter of fact, he found that among 13 women suffering from ataxy, 4 certainly, and 1 probably, had suffered from secondary syphilis; and one certainly had had chancre. Of the remainder, 4 almost certainly had not had syphilis; while of the other 3 it was reported that the husband of one of them was notoriously syphilitic; that the second had aborted twice, and showed marks of extensive ulceration of the skin; and that the third had aborted three times, and had lost four children at an early age. Erb's view of the pathology of tabes therefore is, that it is almost always a late manifestation of syphilis, its appearance and localisation being determined by other causes, such as exposure to cold, violent exertion, excesses. He believes that much further investigation is needed for the settlement of the whole question; but that it is absurd to attempt, as some have done, to eliminate syphilis from the list of causes.

Listerism in Ovariectomy.—In view of the discussion which has recently arisen, especially in England, about the worth or worthlessness of strict antiseptic precautions during and after ovariectomy, the experience of Prof. A. Martin, of Berlin, may have some value. In the *Berlin Klin. Wochenschrift*, 10, 1883, he gives the results of 110 cases, divided into three groups. The six cases of the first group occurred before the introduction of the antiseptic measures now current, and three of them proved fatal, or 50 per cent. The second group contained 46 cases, in which antiseptic precautions were taken, but not with sufficient strictness, and the mortality amounted to 12 or 26·6 per cent. In the third group, of 58 cases, the antiseptic method was fully carried out, and the deaths numbered only 2 or 3·4 per cent. These deaths, even, were not directly attributable to the operation, one of them having resulted from embolism, and the other from rapidly-spreading cancer of the peritoneum. As regards Martin's special procedures, it may be noted that he operates with the patient in the sitting posture, and that, in about 90 per cent. of

the cases, presenting coils of intestine were taken out and wrapped in a cloth soaked in carbolic solution. He holds it also to be of little consequence whether the fresh cystic contents, whatever their character, escape into the abdominal cavity.

Pathology and Treatment of Asthma.—Prof. Schnitzler has been publishing in the *Wiener Med. Presse* a series of papers on this subject, chiefly from his own standpoint as a specialist in diseases of the nose and throat. He holds that diseases of the nose are a frequent cause of asthma, and among them polypus most commonly. Even a mere chronic nasal catarrh may be the cause; but he holds, in opposition to most authorities, that it is not so much the mere swelling and obstruction of the nasal passages, as reflex irritation, transmitted along the nasal branches of the trigeminus and back along the vagus. The vagus irritation produces spasm of the muscles of the bronchi, which may also be associated with spasm of the diaphragm from reflex irritation of the phrenic nerve. Besides, there are often vaso-motor derangements, in the shape of hyperæmia and altered secretion of the respiratory mucous tract. All these are not necessarily conjoined, though they go towards making up a typical asthmatic attack. Schnitzler does not doubt that asthma may be produced, in this reflex way, as a result of the most various affections of the organs of digestion and reproduction, as well as of the heart and lungs. He is persuaded, nevertheless, from experience, that the removal of a polypus, or the cure of a nasal catarrh will frequently make asthma cease, supposing, of course, that there has been no time for the development of emphysema of the lungs or cardiac dilatation. The local treatment found most useful in chronic nasal catarrh was frequent injections of solutions of salicylate of soda, borax, and chlorate of potash alternately. For the relief of an attack, when present, Schnitzler relies most on the subcutaneous injection of morphia, and on chloral hydrate, internally or per rectum. Theoretically, there is much to be expected from galvanism, but hitherto the actual results have been rather unsatisfactory. On the other hand, he is satisfied of the good effects often got from pneumatic treatment, and especially from the inhalation of compressed air.

J. J.

THE BRITISH MEDICAL JOURNALS.

Deaths during the Administration of Anæsthetics.—In a paper entitled "Remarks on the Death-rate of Anæsthesia, with an account of six fatal cases," Mr. W. Roger Williams, F.R.C.S., remarks in conclusion, "I have observed that those who administer anæsthetics, too often do so without any fixed principles to guide them. This is regrettable, because, as many of these cases show, the fundamental laws of the anæsthetic art cannot be disregarded without entailing a deplorable sacrifice of life. I will here endeavour to state, in the briefest manner possible, the most important practical inferences from them. With regard to chloroform then, subject to the attainment of the object in view, too much air cannot be given during its administration; and with regard to ether, too little air cannot be given during its administration. From this it follows, that a long time is required to induce anæsthesia by chloroform; but to produce the same result with ether, a short time is sufficient. Now by a long time, I mean about a quarter of an hour, and by a short time, about five minutes. Surgeons are not unfrequently to blame in this respect. How often one has heard it said to the chloroformist—'Be as quick as you can; I want to commence the operation in five minutes.' In my opinion, this is equivalent to saying—'Kill at least 1 per cent. of my patients.' Those kinds of inhalers are the best which most facilitate the fulfilment of these requirements. For giving chloroform, one with a wire framework, having a diaphragm of flannel or some similar material stretched over the top of it, on which to evaporate the anæsthetic, but open at the sides, would be very good; but a piece of lint, or the corner of a towel properly used, would do as well. A graduated drop bottle is necessary in any case, as only a small quantity of chloroform should be poured on at a time, which requires to be frequently renewed. For the administration of ether, Ormsby's inhaler seems to me to be the best; it was designed to fulfil the requirements just mentioned, and I have found it answer admirably. There is only one other point I will now mention, and that is the importance of watching the respirations during the process. To do so properly, of course the epigastrium must be uncovered. It is of much greater value than feeling the pulse, since, when the latter stops, there is, as a rule, an end of the patient. Mr. Lister has very ably insisted on this. However, I have found it generally neglected at King's College.

Renal Inadequacy.—In an Address on this subject, recently delivered before the Metropolitan Counties Branch of the British Medical Association, Dr. Andrew Clark, Physician and Lecturer on Clinical Medicine, London Hospital, and President of the Clinical Society, stated: "There is a certain state of the kidney in which, without any alteration of structure that the eye can detect, it can, nevertheless, not produce a perfectly healthy urine. It is an urine low in density and deficient in solid constituent, principally in urea and its congeners. I call this state renal inadequacy. You may say, 'It seems scarcely wise to introduce a name like that, when probably it is nothing else than an early stage of Bright's disease. Why bring in another name?' I will not say that it is not an early stage of Bright's disease; I do not know. I think it need not necessarily be; but I shall assume that it is, perhaps, a very early stage of Bright's disease. I nevertheless think it of practical value—and we who are here to-night are practical men—to recognise by a distinct name a state which may remain as it is during the whole period of life, which is nevertheless capable of removal, and which, if unnoticed, may lead to serious injury to the patient. Let me explain. The people who have this renal inadequacy are characterised by three things particularly. First and foremost, they are characterised by a curious inability properly to repair damages done to them either by accident or by disease. I have no doubt you, as well as I, have often been puzzled to know why, in particular cases, they could not repair a common accident; or why, in a disease such as pneumonia, the exuded stuff was not melted and speedily swept away; why a man who had met with some trifling accident in the wrist or shoulder remained suffering from it. Then, they not only repair damages of this kind slowly, but they are peculiarly vulnerable. They are a people, as a rule, who are always catching cold, and who, when they catch cold, come within the category of the first characteristic—namely, that they do not get rid of the cold. They are the people who, without apparent reason, and without other existing disease, get pneumonias, pleurisies, pericarditis, and the like. Then, thirdly—and, I think, almost the most important thing to be noticed about these cases—you can never be sure of the result of the performance of an ordinary surgical operation upon them. It is this class of people, as I had the opportunity a few years ago, in London, of discovering, that die from a simple operation by hæmorrhage. It is this class of

people who have an abscess opened and immediately become what is called pyæmic. It is this class of people who, without his being able to explain it, attracted the notice of that distinguished surgeon, Sir James Paget. Some years ago he said, 'Whenever I find a man in ill-health, without definite cause for the ill health, I feel sure that my chances of success in operating upon him are diminished by at least one-half.'

The use of Antimony in certain Skin Diseases.—Owing to the close chemical affinity of the three drugs, phosphorus, arsenic, and antimony, Dr. Malcolm Morris has tried the last-named in several diseases of the skin, and with good effect. The preparation which he uses is tartar emetic, in doses varying from $\frac{1}{320}$ to $\frac{1}{32}$ of a grain. In the acute general eczema of adults and in the form known as eczema rubrum he begins with four or five minims of the vinum antimoniale three times a day, increasing the dose gradually up to seven minims. "After a few doses the exudation ceases, and the local irritation is much relieved." In the acute eczema of children he gives half a minim or less up to six months, and one minim or less up to one year. In sub-acute and chronic forms it is not so successful. In the various forms of lichen it is very useful in relieving irritation. In some cases of prurigo when arsenic, iron, cod-liver oil and other tonics had failed, antimony was the only drug that produced any benefit whatever. In psoriasis the effect was uncertain. Dr. Morris has given antimony in the above-mentioned doses continuously for more than a year without any bad effect whatever, but on the contrary the appetite improved and the weight increased. (*B. M. J.* September 22, 1883.)

Dr. Christopher Heath recommends the immediate treatment of fractures by plaster of Paris bandages. This is applicable to all fractures except those of the fore-arm. "Take as an example," he says "an ordinary case of fractured patella. Every one knows that the joint soon fills up with blood and synovia, which take many days for their absorption; but every one apparently does not know that, if the case be seen before the effusion has occurred it may be entirely prevented by wrapping the knee joint in cotton wadding, and applying a plaster of Paris bandage firmly over all." If effusion has already taken place it may be got rid of by the aspirator (if coagulation of blood has not occurred), and the wadding and plaster having been applied the patient may walk about as soon as the plaster is dry. (*B. M. J.* Sept. 22, 1883.)

Dr. Ransom records a severe case of Puerperal Eclampsia, which he treated by means of a warm wet sheet, the patient being well wrapped up in blankets. This produced copious perspiration, and the woman made a good recovery. The convulsions came on nine hours after an easy delivery of twin children. The urine was loaded with albumen. (*B. M. J.* September 15, 1883.)

The Pathogenesis of Purpura Hæmorrhagica.—Dr. Wm. Russell, of Carlisle, records several very interesting cases of this disease, and having carefully reviewed the theories of Bauer, Hilton Fagge, Immerman and B. W. Richardson, he states that in his opinion the disease is a specific fever due to a specific poison. (*B. M. J.* September 1, 1883.)

W. B. W.

AMERICAN JOURNAL OF OBSTETRICS.

AUGUST.

This journal has a special interest and value for English readers, in as far as there is no periodical now devoted to this specialty published in England. It is highly creditable to our American brethren that they can support a monthly journal of such size and quality, just as it is little creditable to English obstetricians that the *Obstetrical Journal* was allowed to die out.

The contents of the present number give proof—if further proof were needed—of the zeal with which the study and practice of obstetrics and gynecology are carried on in the United States. Some of the articles, in their elaborate style of treatment, remind us of those habitually appearing in the *Archiv f. Gynækologie* and *Zeitschrift f. Geburtshilfe*.

The first article in the current number is by Dr. H. C. Yarrow, on "Physometra, with history of a case." This case is a sufficiently remarkable one, as showing the possibility of the womb becoming distended with gas or air, independently altogether of the puerperal process or even of menstrual retention, a condition the occurrence of which most authorities are inclined to doubt. The patient was a negress, about 46 years of age. She and her medical attendant were both satisfied that she was pregnant, and had passed the usual term. She had borne children before, and had always been a healthy woman. The belly was enormously distended by a tumour, which appeared to be the uterus; but percussion gave a resonant note all over it, and there was neither placental souffle nor foetal heart beat. Yarrow, who had been

called in consultation, expressed the opinion that the woman was not pregnant at all. A speculum was introduced, and, with some difficulty, a sound passed through the cervix, when there was a rush of pent-up odourless gas, lasting for, as was supposed, about half a minute. The tumour was then found to have collapsed, and it is to be presumed that recovery was complete, though nothing is said about this. Further examination revealed signs of previous inflammatory action, and of cicatricial occlusion of the os. Nothing could be elicited tending to throw light on the cause of this curious condition. Dr. Yarrow gives a report or reference to all published cases, at all similar, of which he could find mention; and though the list is rather a long one, it is made up almost wholly of instances of putrefaction of a retained ovum or secretion.

The second paper is a short one, by Dr. Ed. Cross, giving an account of a case of pregnancy with almost complete cicatricial occlusion of the vagina, and with a large vesico-vaginal fistula above, so that the bladder and the upper part of the vaginal canal practically formed a single cavity. Impregnation had most probably been through the urethra, the vaginal opening being so completely closed that the woman could retain urine for six or even ten hours, and then pass it voluntarily.

The third paper is "On the equally faulty or contracted pelvis," including the so-called *justo-minor*, infantile, and masculine or funnel-shaped. The text is supplied by a case in which the woman died undelivered, after craniotomy and cephalotripsy. The conclusion arrived at, in accordance with that previously expressed by Dr. Lusk, is that when premature labour cannot be brought on at an early enough period, and where, with general contraction, the conjugate is under $3\frac{1}{4}$ inches, the Cæsarean section is the preferable procedure.

On these follow two short communications by Drs. A. T. Woodward and A. M. Thomas, describing new appliances. The first describes and illustrates a new combined rectal and urethral speculum, and a modification of the Hodge pessary. The second, an improved vaginal douche. The pessary is intended to meet the difficulty of the uterus passing down through the fenestra and becoming incarcerated. This is done by making the bars flat and broad in proportion to the total size of the instrument. The other instruments cannot be explained in a few words.

Other papers of less general interest are also contained in the number, which also supplies condensed reports of the proceedings

of several societies which have obstetric interest. A review of Mr. Lawson Tait's work on "Diseases of the Ovaries," and several well-chosen abstracts, from German journals dealing with obstetrics and diseases of children, go to make a really valuable collection of material in the different departments of the specialty which the journal represents.

The September number is also sufficiently varied in its contents. Dr. W. G. Wylie gives the first part of a very wordy, and, so far, not particularly valuable paper on "Ante-flexion of the Uterus," in which he hardly seems to recognise duly the frequency of ante-flexion either as a normal condition, or as temporarily produced in making a gynecological examination. It is surely an error, and in contradiction with the best recent observations to state that, "Of the nulliparous women, which a gynecologist examines, the uterus may be called *abnormally* flexed in a very large percentage." If the word we have emphasised were left out, no objection could perhaps be taken to it. "The significance of hæmorrhage during the early months of pregnancy," is discussed by Dr. Grandin, and a list of causes more or less likely to produce bleeding is given, with some rather cursory remarks on them. The important, but still unsettled dispute about the active or expectant method of dealing with cases of early abortion is treated by Dr. W. H. Farr, who gives a list of sixteen consecutive cases in which he had with success, and under threatening circumstances, removed the retained membranes by means of forceps or curette. He argues strongly for the ease and safety with which this can be done, compared with the force often needed in introducing the finger or fingers to scoop or scrape out the probably adherent membranes. There is no doubt that the active method is very often preferable, though here, as is so often the case, there are some who would allow almost no place for Nature's own operations. After the original contributions there follow condensed reports of the proceedings of the Obstetrical Societies of London and New York; and a number of reviews, including a rather sharp criticism of the highly conservative doctrines expressed by Dr. Matthews Duncan in his "Clinical Lectures." The "Abstracts" in this number are very copious, giving in condensed form the best matter contained in the four leading French and German journals of obstetrics and gynecology. They form altogether the best portion

of this number, though it also contains several communications of interest in the department of diseases of children; and notably the continuation, from previous numbers, of an illustrated review of the methods for the mechanical treatment of Pott's disease by Dr. Chas. F. Stillman of New York. J. J.

Melbourne University.

The dispute between the governing bodies of the University has come to no settlement. After many delays on the part of the Council, to which the petitions of the Senate were forwarded by the Governor, it was decided to forward to the latter body an enabling statute, in the hope that an agreement might be arrived at. At a meeting of Senate held on the 7th inst. Dr. Bromby moved that the following proposal of the council be received: "Whereas doubts have arisen as to the construction of the regulations assented to by the Governor on the 20th of August, 1883, it is hereby provided for the removal of such doubts as follows:—The scholarships, exhibitions and prizes granted, both under the said regulations and under the regulations, c. 18, as heretofore in force, may be awarded at the examinations in October term, 1883, and in February term 1884, as the case may be, according to the notice published by the Professorial Board on the 22nd day of August, 1883."

Professor Andrew seconded the motion.

Messrs. Gregory, Higgins, Thompson, and Dr. M'Inerney spoke against the proposal.

Professor Nanson and Dr. Jamieson supported it.

The Senate divided, with the following result: ayes 28, noes 31. Majority 3.

The motion was therefore lost.

At the monthly meeting of the University Council on the 5th inst. Professor Andrew, in the absence of Professor Irving, moved: "That no examiner for matriculation be appointed who will not undertake to remain in Melbourne till the work of his board be finished; and further, if possible, to do the work of his examination at the University."

After some discussion the motion was withdrawn in favour of one suggested by Dr. Mackay, to the effect that no examination

paper should be removed by examiners from the district of Melbourne.

The examiners for matriculation were appointed as follows : Board A—Canons Vance and Sergeant. Board B—Professors. Nanson and Andrew and Mr. W. E. Johnston. Board C—Mr. Venables and Mr. Paterson. Professor Morris was also appointed to examine in geography in room of Professor M'Coy, and Mr. Robert Bromby was appointed *locum tenens* for Professor Morris until that gentleman's return to Victoria. Board D—Dr. Dobson and Mr. Alexander Morrison, jun. Board E—Professor Kernot and Mr. Newbery were re-appointed to examine in their respective subjects, and Professor M'Coy was appointed to examine in botany in the room of Mr. W. Sutherland.

Dr. Morrison moved the adoption of the report of the Finance Committee recommending that the salaries of Dr. Bird and Mr. Girdlestone as lecturers be increased from £250 to £350.

The Council adopted a resolution to the effect that they regretted being unable to adopt the report.

DEMONSTRATORS OF ANATOMY.

Two letters from Professors Halford and Allen, recommending the Council to appoint, next year, two Demonstrators of Anatomy instead of one, were referred to the Faculty of Medicine.

The consideration of a letter from the Medical Faculty, endorsing the application of Mr. A. V. Henderson to be appointed Demonstrator of Anatomy, was postponed until a report was received on the subject of appointing another Demonstrator from the Faculty of Medicine.

MENTAL PATHOLOGY, ETC.

The recommendation of the Faculty of Medicine that the present Inspector of Asylums, Dr. Dick, be requested to examine in mental pathology, therapeutics, and hygiene, and that the lecturer on medicine examine on the principles and methods of observation and reasoning in medical inquiry was adopted.

The following resolution of the Faculty of Medicine was negatived :

"That in the opinion of the Medical Faculty, every demonstrator or assistant should be appointed or removed by the corresponding professor, with the consent of the Council."

The report of the Finance Committee on the following resolution of the Faculty of Medicine was considered :

" That the Dean of the Medical Faculty be requested to forward to the Council a list of the several examinations, both ordinary and honour, held in the Medical School yearly, distinguishing written examinations, oral examinations, and practical examinations, with an expression of opinion from the Faculty that for every separate examination a fee of five guineas should be paid to each co-examiner.

As an amendment to the report of the Finance Committee it was resolved that the rate of payment already fixed by the Council be adhered to for 1883 and 1884.

A petition from the University Athletic Association, requesting the Council to provide £756 for improvements to the recreation ground, was considered.

After a long discussion, it was moved by Sir W. F. Stawell, that the sum of £500 be allotted to the objects of the University Athletic Association, the amount to be expended by a sub-committee of the Association with the concurrence of a Sub-committee of the Council.

For the vacancy in the Council caused by the death of Mr. R. S. Anderson, the names of Sir George Verdon, and Mr. Webb, Q.C., have been mentioned. It is understood that Sir George is likely to withdraw in favour of Mr. Webb.

MELBOURNE HOSPITAL.

The usual weekly meeting of the Melbourne Hospital Committee was held on 23rd October.

MEDICAL OFFICER'S REPORT.

The medical superintendent reported that there had been no fresh cases of erysipelas or pyæmia to report, except a doubtful case of erysipelas admitted from outside, which was now convalescent.

TREATMENT OF BLOOD POISONING.

In compliance with an order from the committee on the 3rd inst., the secretary wrote the following letter to Dr. Beaney :

" October 3, 1883.

" Dear Sir,—In the weekly report submitted yesterday by the medical superintendent, the committee was informed that a patient named M'Elreavy, under your care, had died from pyæmia.

"The committee are anxious for further information, and desires me to ask you to be so good as to furnish them with a special report on the case.

"I am, very obediently yours,

"J. WILLIAMS, Sec.

"The Hon. J. G. Beaney, M.D. M.L.C."

"No reply was received to the above, consequently at the meeting of the 16th the secretary was directed to write as follows :

"October 16th, 1883.

"Dear Sir,—The committee of management desire me to call your attention to the letter addressed to you on the 3rd inst., asking for a special report on the case of the deceased patient, M'Elreavy.

"As the communication has possibly been overlooked, I am to say the committee will be obliged by a reply at their next meeting, the 22nd inst.

"I am, very obediently yours,

"J. WILLIAMS, Sec.

"The Hon. J. G. Beaney, M.D., M.L.C."

In reply Dr. Beaney wrote :

"154 Collins Street E., October 22, 1883.

"J. Williams, Esq., Melbourne Hospital.

"Dear Sir,—In reply to your communication, relative to the recent fatal case of pyæmia in Ward 1 of the hospital, I beg most respectfully to inform the committee that I shall shortly deliver a lecture on pyæmia, having especial reference to cases that have occurred in the hospital, on which occasion I shall be glad if the committee will be present.

"I am, dear sir, yours very faithfully,

"JAMES GEO. BEANEY, M.D."

Mr. Godfrey moved : "That Dr. Beaney be informed that the reply sent is, in the opinion of the committee, no answer to the request made to him in the letters dated 3rd and 16th October."

The motion was put, and agreed to by all the committee but Mr. Kidney.

NOTICE OF MOTION.

Mr. Davey gave notice that he would move that day four weeks : "That in view of the increasing number of medical students seeking admission to the Hospital, the junior medical

officers appointed by the committee be increased from five to eight, and that the fee at present paid for their services be abolished." The meeting then closed.

At the weekly meeting of the committee held on 30th October, the secretary reported the death of the Hon. R. S. Anderson, who held the office of vice-president on the committee.

During the month of October 30 cases had been operated upon. Of these, 10 were discharged cured or relieved, and two died; one from syncope during chloroform, administered for paracentesis thoracis, and the other from peritonitis and exhaustion after an operation for a stricture of the urethra. Of the cases on which operations had been performed in previous months, three had been discharged cured or relieved, and none had died.

NOTICE OF MOTION.

Mr. Gregory gave notice on the 13th inst. that he would at the next meeting move: "That in the event of no reply being received by next meeting to the last communication sent to Dr. Beaney with regard to the recent case of blood-poisoning, Dr. Beaney should be suspended." He said that Dr. Beaney had in answer to the first letter on the subject sent a letter to the committee, which had been correctly termed by a member of the committee "impertinent," and the second letter he had treated with undue indifference.

The meeting then closed.

ALFRED HOSPITAL.

The usual meeting of the Alfred Hospital committee was held on the 19th ult.

Mr. Thomson complained of the irregular manner in which the reports with regard to the sanitary condition of the hospital were made. The secretary was instructed to call the attention of the honorary medical staff to the matter. It was suggested that blank forms should be prepared for these reports to be filled in. Applications for the position of hon. medical officer attending the in-patients were received from Drs. Jamieson, M'Inerney, and Warren; and for hon. medical officer attending out-patients from Drs. M'Kenna, Thompson, and Schlesinger. A ballot was taken, which resulted in the election of Dr. Jamieson to attend to the in-patients, and Dr. Schlesinger to the out-patients.

The plans of the proposed additions to the building were received, and referred to the Building Committee.

The meeting then closed.

VITAL STATISTICS.

The Government Statist's report on the vital statistics of Melbourne and its suburbs for September shows that the births numbered 831 and the deaths 395. Of the children born 415 were boys and 416 girls. There was thus a large decrease on the previous month, when the births numbered 1011. The deaths registered in September numbered 395, viz., 234 males and 161 females, the births thus exceeding the deaths by 436. The deaths were fewer than those in August by 72, but exceeded the average of September during the previous ten years by 23. If, however, allowance be made for the increase of population, they were lower than the average of ten years by 23. To every 1000 of the population of the district the proportion of births registered was 2·85, and of deaths registered 1·35. Children under five years of age contributed 32 per cent. to that mortality, as against 33 per cent. in September 1882, 28 per cent. in September 1881, and 36 per cent. in September 1882. As many as 28 persons died during the month at the age of 75 years and upwards. 88 deaths took place in public institutions, 37 of them in the Melbourne Hospital. The number of deaths from zymotic diseases, viz., 39, was the same as in the previous month, in the report for which the number was stated to be the lowest since September 1872. Child-birth proved fatal in four instances during the month.

The number of births registered in Melbourne and suburbs during the week ending 13th October was 207, and the deaths 102, 21 of these being of children under one year. During the week ending 20th October, births 186, deaths 83; 16 of these being of children under one year. Week ending 27th October, births 227, deaths 106; 24 of these being of children under one year. Diphtheria in a mild form was reported from Ascot Vale. Week ending 3rd November, births 193, deaths 99; 29 being of children under one year.

Local Subjects.

A Board consisting of Mr. Buchanan, M.L.C., Mr. J. L. Dow, M.L.A., and Drs. Allen, Jamieson, and Plummer, has been appointed to inquire into, and report on the alleged prevalence of tuberculosis in Victoria, and on any danger to the public health that may be thereby incurred. The first meeting of the Board was held on the 18th inst., all the members being present with the exception of Mr. Dow. Dr. Plummer was elected Chairman. It was resolved that Professor Allen and Dr. Jamieson be

requested to draw up a draft of a circular to be sent to veterinary surgeons and others, soliciting information and assistance on the matters to be inquired into. It was agreed that when evidence was being taken, the meetings of the Board would be open to the Press; but that its deliberations would be conducted in private.

At a special meeting of the Veterinary Medical Association held at Menzies' Hotel, on Friday evening, the 19th ult., Mr. Graham Mitchell, vice-president, in the chair, the Secretary stated that he had called the meeting in consequence of the subject of tuberculosis in cattle having been brought before the Upper House by the Hon. J. Buchanan. After a considerable amount of discussion the following resolution was passed: "That it is the opinion of this meeting that tuberculosis in cattle is rapidly increasing throughout the colonies; that tuberculosis is communicable from cattle to their own and other species, as well as to man, by the ingestion of the flesh and milk of affected animals, and by inoculation and inhalation; and that in the ox tribe it is both hereditary and congenital."

The eighth annual meeting of the Australian Health Society was held at the Town Hall on Thursday evening, 18th ult. The Annual Report was read by the Chairman. It stated that fifty-eight new members had been enrolled during the year. The balance-sheet showed the receipts for the past year to have been £281 6s. 11d., and the expenses £168 6s. 5d., leaving a balance of £68 0s. 6d. The Council for the year 1888-4 was elected as follows: President, Mr. Justice Higinbotham; Vice-Presidents, Mrs. Webster and Professor Elkington; Hon. Treasurer, Mr. W. Crellin; Hon. Secretary, Miss Niven; Members of Council, Mrs. D. J. Hamer, Mrs. A. Young, Rev. Joseph Hay, Drs. Jamieson, Lefevre, M'Inerney, J. P. Ryan, J. M. Rose, and W. Warren, and Messrs. C. B. Blackett, T. Brodribb, J. Gill, F. J. Gladman, A. Sutherland, Lloyd Tayler, and J. G. Burrows (Secretary). Papers were read, by Miss Niven, on "The Collingwood Meetings for Wives and Daughters," which have been carried on with much success during several months; and on "Disinfection and Disinfectants," by Mr. Blackett. During the year the Society had issued two new tracts, and several reprints, and had been carrying on a course of free lectures on health subjects. In these as well as in other directions the Society is doing good work, and is entitled to a large measure of public support.

Dr. Beaney, M.L.C., one of the members of the honorary medical staff of the Melbourne Hospital, having felt aggrieved at an observation made by Mr. Godfrey at a meeting of the committee of that institution, directed his solicitor to request Mr. Godfrey to give an apology, and to begin an action for damages against him in the event of that request not being complied with. Mr. Godfrey having explained that his remark had a general reference to the powers of the committee, and did not apply to Dr. Beaney's case, the threatened proceedings have come to an end.

It is intimated in the *Government Gazette* that Dr. J. P. Ryan has been appointed vice-consul, *ad interim*, for Peru at Melbourne, and that His Excellency has been pleased to recognise Dr. Ryan in that capacity provisionally.

The resignation of Dr. J. de B. Griffith, of his position as official visitor to the metropolitan lunatic asylums, has been accepted.

Dr. Robert Gething died at Hahndorf on the 21st ult. He was a graduate of Edinburgh, and arrived in S. Australia in 1850. He practised his

profession ever since at Port Adelaide. He was appointed health officer in 1878, on the death of Dr. Duncan. Having obtained a month's leave he had gone to Hahndorf for change of air. He was seized with an apoplectic fit, and remained unconscious until his death.

A letter from Dr. Ralph appeared in the *Argus* of 22nd ult., protesting against the vivisection regulations, on which remarks have already been made in the leading columns of the journal. Dr. Ralph declares that his own investigations will be interfered with, if not completely stopped, and he expresses himself strongly to the effect that they contain an unfair suggestion of cruel tendencies, on the part of medical inquirers, which is neither proved nor true.

A telegram has been received from Glasgow stating that Messrs. C. Günt, H. Mitchell, W. Miller, and H. A. Embling, all of them educated at the Melbourne University, have passed the examination for the double qualifications of the Colleges of Physicians and Surgeons of Edinburgh.

On the evening of the 27th ult. a number of the medical students, who had been dressers under Dr. Syme at the Melbourne Hospital, entertained that gentleman at a farewell dinner at the Cathedral Hotel. The usual loyal toasts were honoured, and Dr. Syme's health was drunk with enthusiasm, allusion being made to the loss that the students and the hospital generally would suffer by his departure for Europe.

HEALTH OFFICERS.—The undermentioned appointments were approved and confirmed at a meeting of the Central Board of Health on the 17th ult. :—
Shires : Belfast, James Baird, surgeon, *vice* J. R. R. Thomas, deceased ; Warrnambool, T. F. Fleetwood, surgeon ; Lowan (West Riding), W. H. Burton, M.D., *vice* P. Fairburn, M.D., resigned ; St. Arnaud (Donald), G. H. S. Zichy-Woinarski, M.B., *vice* H. Mackintosh, surgeon ; Wimmera (Werracknabeal), W. J. Carroll, surgeon. Two borough councils submitted the names of two medical gentlemen for the position of health officer, but, on a full consideration of the papers in each case, the Board declined to confirm the appointments.

BIRTHS.

WILLIAMS.—On the 16th ult., at 170 Collins-street east, the wife of Dr. J. Williams, of a daughter.

WILLIAMSON.—On the 8th inst., at De Cameron, the wife of Walter Williamson, M.D., of a son.

MARRIAGE.

M'CARTHY—LANE.—On the 16th ult., at St. Patrick's Cathedral, by the Rev. Father O'Connor, Chas. Louis M'Carthy, M.B., Ch.B., of Footscray, to Constantine Beatrice, second daughter of the late James Hogan Lane, of Footscray.

DEATHS.

HALFORD.—On September 23, at Parkhurst-road, Camden-road north, London, James Halford, in his 92nd year, the beloved father of George B. Halford, of the University of Melbourne.

ROCKETT.—On the 10th ult., at Longford, Tasmania, S. Hildreth Rockett, M.D.

SHAW.—On the 10th inst., at his residence, Corio-terrace, Geelong, Forster Shaw, surgeon, aged 74. Arrived in the colony June, 1840 ; appointed coroner for Geelong district October, 1850.

THE
Australian Medical Journal

DECEMBER 15, 1883.

Original Articles.

HYSTERIA, WITH SIMULATION OF PREGNANCY.

By WALTER THOMAS, M.B.

That hysteria may have its origin in some functional or organic disturbance of the uterus is a fact long known, as evidenced, indeed, by the very term itself; and that an attack may simulate other conditions or diseased states every general practitioner must have had opportunities of recognizing. The following case of simulation, however, in which the symptoms were so marked as to mislead me in diagnosis, may not be deemed unworthy of note. It was instructive to me, as, had I been attending under circumstances requiring an opinion from my first visit alone, I am afraid I should have given a very positive one of pregnancy, and possibly caused some damage to the moral reputation of the individual.

One Sunday afternoon I was hurriedly called to Miss R., a barmaid in one of our leading hotels. She was in bed, talking in an excited and somewhat incoherent manner. I gathered, however, that, for some hours, she had been suffering "agonies of pain" in the hypogastrium. External examination showed what seemed to be the rounded fundus of the uterus, hard, well defined, and risen to midway between pubes and umbilicus, as at the fifth month of pregnancy. Auscultation gave no positive information. As the woman in attendance stated that "her courses were on her," I made a digital examination, and found the os patulous with a thin red discharge oozing from it; but, as neither clots nor membranes were met with, I believed I had a case of "preventable abortion" to deal with, and prescribed opiates with a view of checking the pain, which was evidently due to uterine contraction.

When alone with my patient for a few moments, I told her I believed her to be pregnant, but she strenuously denied the possibility, stating that she was a married woman and had a child fourteen months previously, but on its dying two months subsequently her husband had left her for another colony, where

he remained. Since his departure she had menstruated regularly every month.

The information thus volunteered did not tend to shake me in my opinion, and when, four hours after, I was again called, I went prepared for labour, but to my surprise the os was closed, discharge nil, pain decidedly less, and no uterus could be found on abdominal examination. On the following day my patient was convalescent, complaining simply of headache, which was at once relieved by potass. bromide and valerian.

Christchurch, N.Z.

SURGICAL OPERATIONS ON THE INSANE.

By JAMES V. MCCREERY, L.R.C.S.I.

Medical Superintendent Lunatic Asylum, Kew.

The insane, like other people, are subject to accidents and diseases that call for operative interference. In considering such cases two questions will naturally come up for consideration—1st. How do insane persons stand surgical operations? 2nd. Is it right to operate on patients who are deprived of the power of giving lawful consent? In answer to the first question I can state from my own experience that the insane stand operations remarkably well. I have never seen unfavourable symptoms, in any case that has been operated on in a lunatic asylum, and chloroform and ether can be used with at least as much safety as among the sane. As to the propriety of such operations we should, I think, be guided by the same rules, at least as far as possible, as apply to such cases in general practice. I first try to get the consent of the patient, and then of the friends; but, in urgent cases, have operated without the one or the other. Many years ago, a man in the Ararat Asylum was suffering from strangulated inguinal hernia, and had to be held by force on the table till he was got under the influence of chloroform; generally, however, the patient can be got to understand the necessity for surgical treatment, and there is time to consult the friends. Two interesting cases have been recently under treatment in this Asylum, that serve to illustrate the ameliorative influence on the mental symptoms that will sometimes result from the removal of some diseased and painful structure.

R. A. R., a married woman, *æt.* 19, was admitted to the Kew Asylum in November, 1882, suffering from mania. She was about

seven months advanced in pregnancy, and had disease of the right knee-joint. After admission the mania was found to be of the remittent form, lucid intervals alternating with periods of furious excitement. The birth of the child caused no improvement in this state of things. She came under my care on the 1st of March last, and was then a thin, pale, strumous-looking young woman. The right leg, below the knee, was smaller than the left; the joint was much enlarged, discharging from three openings, and very painful. The patient told me that the disease was first caused by a fall when she was nine years of age; it gradually got better, and she was free from pain till she hurt it some months before her admission. After keeping her under notice for two months, I formed the opinion that the attacks of mania were caused by the disease in the knee, and advised her to have the leg taken off; and to this she gladly consented, and her husband also agreed to the operation. The thigh was amputated on the 7th of May, by a long anterior skin flap and short posterior flap, made by transfixion through all the soft parts of the back of the thigh. Mrs. R. made a very good recovery, and had no return of the mania. She was discharged from the Asylum on the 24th of July, and I recently heard that she has since kept well.

The second case was that of an epileptic girl, E. D., who was allowed out on trial with her friends. When under their care she fell into the fire in a fit, and was returned to the Asylum with severe burns on the right side of the face and head, the eye on that side being greatly disorganised. After her return the epileptic fits were very severe and frequent, and her general health very unsatisfactory. After a few weeks I advised the friends to allow the diseased eye to be removed, both with the view of saving the other eye and of improving her general state. Her mother told me that a medical man had advised her not to have any operation, as he believed the girl would die under chloroform; she, however, left the matter in my hands, to do what I thought best. On examination, I found the heart to be weak, but otherwise free from disease. Equal parts of chloroform and ether were given, with very satisfactory results, and the eye removed without trouble. In less than a week the parts were healed, and the girl up and about. Since the operation she has had only a few slight fits, and her general health has improved to a marked degree. The attendants say she is now no trouble in the ward.

AN ANTISEPTIC TREATMENT OF TYPHOID FEVER.

By GEO. TALBOT WOOLLEY, M.R.C.S. Eng.

Finding that a considerable number of cases of typhoid fever occur from time to time in this colony, I have taken the earliest opportunity of bringing before the notice of the profession a line of treatment, which is thoroughly consistent with the germ theory at present accepted, and which most certainly was justified by its results, and is in my opinion the only rational treatment for all diseases that owe their origin to a foreign poison introduced into the system, especially when that poison can be distinctly demonstrated to have an actual existence in the body.

Very nearly nine-tenths of the cases are treated on the expectant system, that is to say, a patient who is known to be stricken down by a definite poison is simply put to bed and there allowed to remain, with some cooling drink given, until the disease has run its unchecked course, symptoms only having been treated, and the whole skill of the medical attendant being expended in guarding against any probable bad results of the disease, rather than in checking its career before any of those results have had time to take place.

I have been enabled to apply the treatment to about 20 cases, the diagnosis having been confirmed by additional testimony in nearly every case, and as an illustration I am luckily enabled to select three cases belonging to one family, all living in the same house.

On being called in to see two children, aged respectively about 11 and 13, I was at once struck by their typhoid appearance, and on examination found the typical stools, tongue, doughy abdomen, and rose spots of typhoid fever, there being, as I afterwards found a history of recent typhoid in the next house.

I ordered the usual strict attention to rest in the recumbent position, together with slop diet, and put each child on 3 minim doses of carbolic acid every 3 hours. On visiting them the next day they both had a dry hot skin, and there was no alteration in the fæces; but on the third day both looked brighter and relieved; they had broken out into a gentle perspiration, the tongue being moister and cleaner, and the fæces looked decidedly more healthy. After this they made a daily improvement, and at the end of a week the temperature was normal, the

motions well formed, all tenderness in the line of the colon gone, and the rash disappeared, and in ten days they were both up and well.

About the third day of my attendance a younger sister, aged eight years, was laid up with precisely the same symptoms as the other two, but as a matter of experiment she was treated on the expectant system, and given a little dilute nitro-hydrochloric acid. The disease, however, ran an almost typical course, it being about a month or five weeks before the child was well enough to be moved; thus showing the immense advantage of the antiseptic treatment.

The above cases show no theoretical treatment worked out in my mind, but were actually watched by another medical man, who is almost a sceptic, but who was bound to admit that the cure was perfectly genuine.

I have not written an elaborate treatise on typhoid fever, the symptoms of which are unhappily only too well known, neither have I given a separate account of all the cases I have treated with the carbolic acid, but have simply selected a typical case, and, having detailed the treatment, let the facts speak for themselves, for I consider them quite as eloquent as the subject is important.

The disease being almost purely intestinal, I am inclined to look upon the altered condition of the *fæces* as a sure indication that the condition of the bowels was being improved, which improvement took place under the direct influence of the antiseptic administered.

In offering the above remarks, I do so with the greatest deference to my older brethren, and with the hope that it may induce some of them to try the above treatment, and, having done so, to place their experience on record, for there is no more valuable source of information than the experience of general practitioners, who are in a position to follow their cases up from beginning to end.

Medical Society of Victoria.

ORDINARY MONTHLY MEETING.

WEDNESDAY, DECEMBER 5TH, 1883.

(Hall of the Society, 8 p.m.)

Present : Dr. McCreery, Dr. T. B. Ryan, Dr. Gray, Dr. Jackson, Dr. E. M. James, Dr. F. J. Owen, Dr. J. P. Ryan, Dr. Haig, Dr. Hewlett, Dr. C. S. Ryan, Dr. MacGillivray, Dr. Brett, Dr. J. S. Wilson, Dr. Le Fevre, Dr. Neild, Dr. Bage, Dr. Florance, Dr. J. Williams, Dr. Moloney, Dr. Allen, Dr. Bowen, Dr. Jonasson, Dr. Girdlestone, Dr. W. Barker, Dr. Alsop, Dr. Woolley, Dr. Snowball.

The President, Dr. James, occupied the chair.

The minutes of the two preceding meetings were read and confirmed.

CORRESPONDENCE.

A letter was read from Dr. Burke, the senior Vice-President of the Society, requesting that he should not be nominated for the Presidency, as his many evening engagements rendered it impossible for him to attend the meetings of the Society with any regularity.

RESIGNATION.

The Hon. Secretary reported that Dr. Smythe, of Sandridge, had tendered his resignation of the membership of the Society, which had been accepted by the Committee. In two separate letters Dr. Smythe urged that his reasons for resigning should be read to the Society, but as they partook of the nature of a complaint against a member of the Society, the function of dealing with them rested in the first place with the Committee; the Committee had so dealt with Dr. Smythe's statements, and did not consider it necessary to bring them before the Society.

NEW MEMBERS.

The following gentlemen were then unanimously elected members of the Society: Dr. W. Beattie-Smith, F.R.C.S. Ed., L.R.C.P., of Yarra Bend Asylum, proposed by Dr. McCreery and seconded by Dr. Allen; Dr. A. V. Henderson, M.B. et Ch.B. Melb., of Ascot Vale, proposed by Dr. Allen and seconded by Dr. Jamieson; Dr. Barclay Thomson, L.R.C.P. et S. Ed., of South

Yarra, proposed by Dr. Webb and seconded by Dr. Allen ; Dr. G. H. Zichy-Woinarski, M.B. et Ch.B. Melb., of Donald, proposed by Dr. Stirling and seconded by Dr. Allen ; and Dr. George Talbot Woolley, M.R.C.S. Eng., of Collins-street east, proposed by Dr. Neild and seconded by Dr. J. P. Ryan.

Three gentlemen were nominated for election at the next monthly meeting.

NOMINATION OF OFFICE-BEARERS OF THE SOCIETY FOR 1884.

A ballot was then opened for the nomination of office-bearers of the Society for the year 1884. Dr. Williams and Dr. J. P. Ryan acted as scrutineers. The number of nominations was as follows : President 1, two Vice-Presidents 13, Hon Treasurer 4, Hon. Secretary 1, Hon. Librarian 1, six Members of Committee 30, two Auditors 4.

The following paper was then read :

ON PHIMOSIS AS A CAUSE OF REFLEX NERVOUS AFFECTIONS.

By WM. SNOWBALL, M.B., L.R.C.S. Ed.

Hon. Surgeon to the Children's Hospital.

The fact that symptoms of most grave moment affecting important organs may in many cases be due to a slight exciting cause in a remote part, is in no cases better exemplified than in those where the apparently trivial condition of phimosis will, by reflexion of irritation, produce the most alarming symptoms.

In the following cases which I have picked out of a considerable number, as being most typical, I believe the performance of a very simple operation saved in some cases lives, and in many deformity.

For convenience I have divided the cases into two classes :—

1st—Where the trouble was reflected to the large nervous centres, as the brain or spinal cord.

2nd—Where special groups of muscles were affected. The two following are well marked cases belonging to the first group :—

C. B., aged 4 years. First seen in February, 1882. The mother states that for the last eighteen months the child has been subject to peculiar convulsive seizures, especially if he were at all unwell. The attack would seize him at any time, but particularly during the night. There was no stupor following the seizure, the

child being apparently otherwise in good health. He had been under various treatment, the complaint being considered epileptic. The family history is good. On stripping the child he is strong looking and well nourished. His prepuce is tightly adherent to the glans. Though the preputial orifice is patent there is considerable hypersensitiveness about the part, for when the prepuce is touched a peculiar thrill passes through the thigh muscles. The prepuce was forcibly separated from the glans, the mother not consenting to circumcision, a considerable amount of sebaceous material removed, and the mother instructed to dress the surface with oil to prevent re-adhesion. The child had one or two convulsive seizures during the next week, but has had none since.

H. T., aged 20 months. First seen on November 30th, 1882. The mother states that since the child was ten months old he has had, at intervals of four or five weeks, what she calls epileptic fits, the symptoms of which were violent convulsions affecting muscles of the limbs and trunk. Tongue bitten since the teeth came; foams at the mouth, and lies after the attack in a state of stupor for about an hour. The family history is good; the father has a slight strabismus, which followed scarlatina in infancy. The child is well nourished and healthy looking; has cut most of his teeth. Head large, but well shaped. Has an extremely tight prepuce, and frequently cries just before micturition. The father, on being questioned, stated that he had noticed on several occasions the fits had been preceded by a condition of the penis not unlike chordee. On December 3rd, 1882, with the assistance of Dr. Stirling, I removed the prepuce, and since then the child has had but two convulsive seizures, and these were both within six weeks of the operation.

The following cases are examples where the muscular system was most at fault:—

F. N., aged two years. First seen in March, 1880. The mother informed me that for the last fourteen months the child had suffered from prolapsus ani, which was gradually getting worse. It had had various treatments—worms, stone in the bladder, debility, being at different times assigned as the probable cause. The child is otherwise healthy, is thriving well, and has not any difficulty in passing his water.

The family history is good. The child is well nourished, and healthy looking. On attempting to examine him he commenced to scream, and immediately a prolapse of the rectum took place

to the extent of about two inches. I found, on examination, that his prepuce was tightly adherent to the glans penis, though the opening was patent. This condition of things was rectified by stripping the prepuce back, and a quantity of indurated smegma removed. Thenurse was told to dress the parts with oil, and to bathe the gut, before replacing it, with cold water. Three months after I had a letter saying the child was much better, and a short time ago I saw the child, when he was perfectly well. I look upon this case as one of paralysis of the sphincter ani, as the gut prolapsus, was quite a passive condition, and not a forced one, as is seen in those cases where it is squeezed down by constant straining.

R. O., 4 years old. First seen April 4th, 1882. The case was brought to me as being one of hip-disease in the first stage.

The mother states that for the last three months the child has dragged his left foot in walking, and complained of pain in the left leg. He frequently cries out in his sleep, as if in pain. There is no history of a previous accident.

On examination the child stands with the left leg slightly thrown forward, and the foot everted. Walks with a decided limp; and though he complains of pain in the limb, it cannot be localised. The adductor muscles of the left thigh are tightly contracted. He has a tight phimosis, and, on touching the prepuce with a probe, spasms of the contracted adductors took place. He was circumcised, and the left thigh, especially on the outer side, rubbed with a stimulating linament, and in two months he was quite well.

S. N., 4 weeks old. Was first seen October 7, 1882. Was brought in with double talipes varus. At the same time I was told he screamed and strained considerably just before passing water. The deformity in both feet was easily overcome by a little force, but on relieving them, they at once fell back into erring positions. The foreskin was very tight, and almost impervious to a fine probe. The child was circumcised, and his mother instructed to rub the legs with salt water, and in a few months no deformity was visible.

In both these last cases I have little doubt that if the irritations caused by the contracted foreskin had not been removed, serious trouble would have followed. In one case, the constant dragging up of the head of the femur against the acetabulum would probably in time have set up inflammatory mischief, and a mimic case of hip-disease would have become one in reality. In the other, the long continuance of the talipes varus would have caused change in the shape of the bones that it would take one a long time to have rectified.

Dr. MOLONEY was very pleased that Dr. Snowball had read his paper, although he had framed for himself different explanations of the phenomena described. Still the views now advocated were well worthy of consideration, and if circumcision were practised in such cases, no mistake would be made. It was certainly a wise precaution, unless in children with naturally short prepuce; and considerable interest would attach to an enquiry into the prevalence of hip-disease and similar complaints among nations who habitually circumcise. Though some surgeons had recently argued that phimosis and genital irritation were the primary cause of hip-disease, it must be remembered that the disease was more common in girls than in boys. Recently he had seen a boy with a troublesome affection of the hip, not morbus coxæ, not genuine paralysis, but a nondescript condition which required further investigation. In all boys up to four or five years old whom he had to examine, the prepuce was more or less adherent, so that this condition in itself could not be considered morbid, or the real cause of other disease. In some children a general reflex irritability expended itself chiefly on the genitals, and the same fact might hold even in later life; thus he knew an instance in which the opening of a bubo was at once followed by emissio seminis, and even irritation of the lower extremities might produce the same result.

The following papers were then read by the President of the Society:

CASE OF ACUTE ENDOSTITIS AT THE UPPER THIRD OF THE TIBIA.

L. C., æt 15. A delicate-looking lad. Admitted April 4th, 1883, with considerable enlargement of the upper end of the right tibia, prominence of the patella, apparent displacement backwards of the tibia and fibula, and unnatural lateral mobility at the knee-joint. There was very little pain on movement, or tenderness on pressure over the tibia, and no effusion into the joint. There were cicatrices of two incisions made, one on either side of the tibia, three weeks before admission, while under treatment at Wangaratta.

Patient was suffering no pain, and felt quite well at the time of admission. He stated that his leg was perfectly sound a month previously, and that the first thing he noticed was stiffness

about the knee-joint, soon followed by great pain and swelling below it, loss of appetite, rigors and febrile symptoms generally. At the end of a week the incisions were made, and poultices applied, escape of pus taking place some time after the incisions had been made, and continuing until about a week before admission.

He had not met with an injury of any kind. Brothers and sisters all healthy. Had always been well himself.

Patient continued in much the same state, with no constitutional disturbance, and only slight increase of temperature below the right knee joint, until May 10th.

He was then anesthetized with chloroform, and an incision about four inches long was made down to the bone just below the head of the tibia. An irregular opening was found at the inner side of the shaft of the bone, leading to the medullary cavity, where the pus had evidently made its way through. The periosteum was then lifted up from the bone, and a free opening made into the cavity by means of a chisel. The medullary cavity was greatly enlarged and filled with partially disorganised lymph. It did not extend quite into the joint, though very near it. The periosteum was greatly thickened.

A drainage tube was placed in the cavity, which was washed out with carbolic lotion. Sponges were inserted to arrest the hæmorrhage, and antiseptic dressings applied over these. Limb fixed on back splint, with inner and outer Clines. After the operation, patient was very weak, and in a state of collapse.

8.30 p.m.—Has rallied. Vomiting a good deal. Has not much pain.

May 11th.—Much better. Pulse fairly strong. Tongue clean; no vomiting. Leg easy; very little oozing.

May 12th.—Temp. (night) 103°, (morning) 99°. Slept well. Takes his food well. Sponges removed from the wound, which looks well. Washed out with carbolic lotion, and dressed antiseptically. A little oozing after removing the sponges.

May 13th.—Temp. (night) 100°, (morning) 98.6°. Feeling very well. Wound dressed; no further oozing.

May 16th.—Temp. normal, night and morning. Slight purulent discharge from the wound. No constitutional disturbance. Eats and sleeps well.

The wound continued to progress favourably—granulating from below; and on

June 29, the splints were removed for the first time, and the leg encased in plaster of Paris, with trapdoor over the wound.

July 2nd.—Opening nearly closed; drainage tube removed. Allowed to get about on crutches.

July 16th.—Only a superficial granulating surface remaining. Sent out for change of air.

August 27th.—Plaster splint left off for some time. Re-admitted with some cedema about the right leg. The same abnormal lateral mobility of the knee-joint as before the operation, and same tendency to displacement backwards of the tibia and fibula. A sinus leads down to the medullary cavity from the old wound, which has not quite healed. General health good.

September 25th.—Leg put up in plaster of Paris again, and trap-door made over the sinus, from which there is still a free discharge.

September 28th.—Sent out again for change; to return in a month or six weeks.

CASE OF DOUBLE DISLOCATION AT THE HIP-JOINTS, WITH FRACTURED PELVIS, RIBS, AND CLAVICLE—RECOVERY.

M.K., set. 44, labourer. Admitted on May 22nd. Thirty hours before admission was working in a railway cutting, when there was a large fall of earth, about 15 feet high, from one of the sides. The earth struck him behind while in the act of running away, knocking him down, and burying the lower part of his body. The left knee was driven forcibly against the right side of his chest, and it was some time before the man could be extricated. He was brought to hospital from North Gippsland, partly by waggonette, and partly by railway. On admission there was not much shock—the pulse being strong, and skin warm—but severe pain at both hips. Both knees were drawn up, the right foot being everted, and the limb abducted; the left foot inverted, and the limb adducted. Motion was impaired, but sensation perfect. There was a very large bruise over the right pelvis, and crepitus could be distinctly felt on the ilium. The fourth rib on the right side of the chest was dislocated from the sternum, while the fifth was broken near its centre. The right clavicle was extensively comminuted near the middle third.

The head of the left femur could be felt on the dorsum ilii, the head of the right being apparently driven through the obturator foramen. The urine was drawn off and found to contain blood. Foments were applied to the hips, and morphia given hypodermically.

The dislocations were left unreduced for five days, the limbs being supported by pillows, and pain relieved by morphia. The urine gradually became clear, but was under only partial control of patient. Diarrhoea set in, but was relieved. Not much nourishment could be retained.

May 27th.—Six days after the accident chloroform and æther was administered, and both hips were successfully reduced, partly by extension and partly by manipulation, the limbs being afterwards fixed to a Bryant's splint. From this time patient had full control over his urine. He began to take his food well, and was soon asking to be let up out of bed.

June 19th.—The splint was removed, and a little extension applied to both legs by weights and pulleys.

July 9th.—He was allowed to sit up in bed.

July 14th.—He was allowed to get up and use crutches, the pelvis feeling firm, the ribs and the clavicle firmly united. A comminuted portion of the clavicle lay across the bone causing projection of the skin.

July 17th.—Patient walked a little without crutches, and was discharged cured.

No passive motion was used at the hips throughout.

Dr. JAMES then exhibited a boy on whom he had operated for genu valgum, with photographs showing his condition before and after operation. A conversational discussion ensued.

EXHIBITS BY DR. ALLEN.

Tuberculosis of Lungs, Intestines, and Peritoneum.

Throughout almost the whole of the ileum Peyer's patches are occupied by tubercular ulcers, spreading transversely, with irregular undermined or shelving edges, the mucous membrane around being coarsely granular. The bases of the ulcers are pale, grey, uneven, granular, or finely pitted. The sub-peritoneal tissues opposite are thinly dotted with small pale granules,

scarcely prominent, and in some instances there are opaque granular whitish lines running along the lacteals to the mesentery.

The mesenteric glands are only slightly swollen, but the surface of the mesentery is everywhere thickly studded with *extremely minute tubercles*, just visible to the naked eye. There was no tubercle in liver, spleen, or kidneys, and no waxy degeneration.

Both lungs were bound to the chest wall by old adhesions; there was a large old-standing cavity at the right apex, and smaller more recent cavities were scattered through the upper lobe of the left lung. The sub-pleural tissues were thickly studded with hard grey or pigmented miliary tubercles, and large groups of similar tubercles were found throughout the substance of both lungs.

The patient, E. R., a married woman, set. 66, was admitted under the care of Dr. Robertson, on October 3rd, 1883. She stated that she had been two years in the colony. Her illness commenced twelve months before admission with dry cough, progressive weakness and emaciation. Six weeks ago expectoration of thick yellow matter commenced, and a week later hæmoptysis set in, continuing for two days, but not to any great amount.

On admission the pulse was 88, respirations 32. The bowels, previously confined, were now regular. The patient stated that her parents lived to the age of 70; two brothers died of consumption, one at 30, the other at 28.

October 11.—Purpuric spots on the hands. Great tenderness over the liver.

October 15.—Tongue coated, pale, and moist. Bowels regular.

October 28.—Has become steadily weaker. Bowels now slightly relaxed. Died during the evening.

Note.—In connection with these two cases, the first noteworthy point is the age of the patients. The first died at 53, after an illness of two years; the second at 66, after an illness of only a year. *The prevalence of phthisis among people in advanced life is a subject worthy of serious inquiry.*

The disease ran a very different course in the two cases. In the first, the onset was insidious, and attributed to an obscure injury to the back; a solitary tubercular ulcer formed in the ileum, with great enlargement and caseation of the mesenteric glands; the lungs remained almost intact. Subsequently, as softening progressed in the cheesy glands, an irruption of tubercles occurred in the peritoneum, the tubercles attaining a considerable

size. In the second case the lungs were first attacked, the onset again being insidious; subsequently, widespread ulceration of the intestines set in, but without any marked enlargement of the mesenteric glands; finally, the peritoneum became thickly studded with exceedingly minute tubercles.

It may be noted that, in the first case, with only one ulcer of the intestine, diarrhoea was intractable, and the spleen was amyloid; whereas in the second case, with abundant ulceration, there was no diarrhoea, and the organs were free from lardaceous changes.

Dr. ALLEN also exhibited the following specimens:—

- (a) A small hydatid cyst from the omentum, crammed full of gelatinous membranes, mingled with a little whitish pulpy matter.
- (b) A heart, with a large conical vegetation hanging pendent from the edge of the right posterior segment of the tricuspid valve. The other valves all healthy. The patient, C. J., æt. 57, was suffering from old-standing double apical phthisis, with chronic bronchitis and intense emphysema. The tension within the right heart would thus be decidedly above the normal.
- (c) Specimens of malignant tumours in the mesentery and in the kidney; dysentery, and tubercular ulceration of the larynx.

The notes of these cases are held over till our next number.

Hospital Reports.

MELBOURNE HOSPITAL.

A Case of Compound Comminuted Fracture of the Inner Metatarsal Bones of the Right Foot.

Under the care of E. M. JAMES, M.R.C.S.

J. M., labourer, æt. 35. Admitted on May 23rd, 1883. Three weeks previously knocked his foot against a circular saw in motion, and had been under treatment before admission. There was found an extensive lacerated wound across the dorsum of the right foot, involving the soft parts and metatarsal bones of the inner two-thirds, these being much lacerated and comminuted,

and destitute of any healthy granulations. The blood supply of the toes had not been greatly interfered with, but the power of extension was completely lost in the great toe. Under chloroform all loose fragments of bone were removed, and cartilage scraped from exposed ends. The wound was washed out with chloride of zinc, fixed on a back splint with two side splints, and dressed antiseptically. There was also a sinus on the outer side of the foot, leading toward the cuboid bone. Patient's health at this time was anything but good, and he was ordered a mixture containing quinine and iron with potassæ chlor. The wound in a few days began to improve greatly in appearance, assuming the character of a granulating cavity about an inch in depth. To approximate its walls the foot was fixed in a leather splint, so as to keep the great toe twisted inwards and tilted upwards towards the dorsum.

On June 5 the sinus on the outer side was discharging unhealthy sanious fluid, and causing patient considerable pain. Counter opening made, and drainage tube inserted.

June 12th.—Sinus still discharging and painful. Two incisions made on outer side of foot, from which a small quantity of sanio-purulent fluid escaped. No necrosed bone felt. Several sloughing sores about the heel and outer malleolus.

July 7th.—Patient able to get about on crutches. Wound nearly cicatrized. Outer side of foot still painful, especially since getting up.

July 13.—Sinus opened up. No necrosed bone to be felt. General health improving. Sores on heel and malleolus healing up.

July 18.—Leather splint removed, and perforated zinc splint applied to inner side of leg and foot, enveloping the latter.

July 25th.—Sores not yet healed completely. Sent out as an out-patient.

August 27th.—Only a small sore remaining on the heel. All others have cicatrized perfectly. Is able to bear considerable weight on the foot.

Patient came to show himself in Ward 18, and was then found to have erysipelas of the leg. He states that two days before this he fell very ill, and had vomiting and headache. There was redness over the whole right foot, and patchy redness up the inner side of the leg, extending up the inner side of the thigh, where there was a large patch of redness. There was tenderness along

the inner side of the leg, and the inguinal glands were enlarged and tender.

September 2nd.—Temp. 104° last night ; 102·4° this morning.

September 10th.—Incision made into the outer side of the leg, and pus evacuated. Sinus extends upwards to the head of the fibia. A piece of lint was inserted to keep the orifice open, and tenax applied.

September 15th.—Temp. 106° at 8 a.m. No abnormal lung sounds ; no redness perceptible. In the evening he had a good deal of vomiting.

September 16th.—Had two rigors this morning. Temp. 102·4°. Redness about the dorsum of the foot, and along the outer side of the leg as far as the knee.

September 20th.—Slight patchy redness over the inner side of the knee. Discharge from the incisions thin and watery.

September 21st.—A quantity of pus came away from a swelling on the dorsum of the foot. The opening was enlarged, and the cavity washed with carbolic lotion. Still a good deal of discharge from the sinuses up the leg.

September 25th.—Necrosed bone can be felt with the probe, and grating is quite distinct on moving the foot.

He rapidly improved from this time, and was discharged on the 17th October, with foot nearly healed.

He presented himself on the 3rd instant, and was then wearing a boot.

AMHERST DISTRICT HOSPITAL.

Amputation through the Shoulder Joint for Necrosis of the Stump-bone, after a previous Amputation of the Upper Arm.

Reported by LEONARD ROBINSON, M.D., Ch.M.

Surgeon to the Hospital.

J. S., a miner, age 68 years, was admitted to the Hospital on the 5th of August, 1883, suffering from a severe burn of the right arm. He had got intoxicated, and fell, while insensible, into the fire, from which he was not rescued until his arm was charred almost to the bone. On admission, my predecessor, Dr. Massey, at once thought of removing the limb ; it was, however, eventually decided to give him a chance of retaining a member so valuable, and accordingly the limb was dressed in accordance with the principles of conservative surgery. The

MM

patient, whose constitution had evidently been undermined by his habits of life, was subjected to a very exhausting period of suppuration—his symptoms at one time being of such an ataxic type that all hopes of saving his arm were despaired of ; and in the end an amputation of the upper arm in its upper third was performed by Dr. Massey, assisted by Drs. Cunningham and Colquhoun. At the time of the operation the bones at the elbow were laid bare, with the joint in a state of disarticulation, so profuse had been the sloughing and disintegration of structure. After the operation he improved greatly in health, so that, on my arrival at the hospital in October, I found the wound almost healed, with the exception of a sinus situate on the posterior aspect of the stump, and in communication with the end of the bone. The bone itself, when examined through the sinus, was found to have become necrosed. The sinus was syringed out daily with a solution of chloride of zinc (grs. xl. to ʒj.) A counter opening anteriorly was made, with a view to establishing complete drainage ; but, as the stump became painful, and there was no sign of any separation of the necrosed from the presumably healthy bone, it was too evident that something should be done before the process extended any farther. Two ideas presented themselves to my mind—either (a). To cut down on and remove the end of the bone ; or (b). To amputate the arm higher up.

Of the results of the former I was not very hopeful. I had an idea that the necrosis was not confined to the end of the bone ; besides, if afterwards it was decided to perform a flap amputation (there was not room enough for a circular), the incision large enough to allow of removal of the necrosed piece, would interfere with the performance of a flap operation being properly executed. Thus there was but left to decide between an amputation of the arm higher up, leaving the head and two or three inches of the shaft of the humerus behind, or the removal of the entire bone at the joint.

The state of the soft parts, which were tense, brawny, and altogether very unpromising for healthy union, caused me to hesitate in the performance of the higher amputation through the arm ; and, again, the man's age, and the previous drain on his resources, made me dread the shock of such an operation as removal at the joint.

I thought, however, that if I postponed interference any longer, my patient would probably succumb to extension of the necrosis in the stump, and as of the two alternatives I felt that the joint

amputation would give him the best chance, with the approval of my colleague, Dr. Cunningham, the latter operation was chosen.

Chloroform was administered by Mr. Barker, the superintendent of the Hospital, and Dr. Cunningham kindly assisted during the performance of the operation.

The operation was carried out under precautions as far as possible antiseptic. Carbolic ligatures and sutures were used, and the wound, having been syringed with solution of chloride of zinc, was dressed with lint dipped in carbolic oil, and covered with the ordinary layers of gauze.

Unfortunately the hæmorrhage was pretty profuse—so much so that there was at one time some cause for alarm, as our patient became very faint. This fortunately passed off, leaving him in as good a condition as could be expected.

The operation was performed on Sunday, November 11th.

After the operation, and until evening, patient felt pretty well, and was quite free from pain. At bedtime I injected gr. $\frac{1}{2}$ morphia—the instructions given as to diet being beef tea, brandy and eggs, soda and milk, *ad lib.*

E.T. 98.6 .. E.P. 100
M.P. 100 .. M.T. 98.4

Monday, November 12th.—Continued quite free from pain during the day. Ordered pills—

R Quins Sulph. grs. xxx.
Pulv. Digitalis .. grs. xii.
Pulv. Opii. .. grs. iii.
Confect. Ros. .. qs. M

—in pil. xii., two every three hours.

E.T. 99.3 .. E.P. 105

Tuesday, November 13th.—In the early part of the morning patient was seized with a sudden attack of faintness; the pulse became very rapid and thready, the symptoms presented being of a very unfavourable character. Æther Sulph. (ms. xxx.) was administered hypodermically; and, after having taken some hot brandy and water, he rallied, and remained quiet and free from pain till morning.

The dressings were removed under the spray, and the wound was found to present a perfectly healthy appearance. There was very little discharge; not the slightest blush of redness; and in the outer and upper part of the incision there was union by the first intention.

During the day he was very quiet, but again, in the evening, he complained of faintness, and became much alarmed, with a nervous dread of approaching dissolution. Ammonia, the injection of æther, &c., again brought him round.

E.T. 102-6 .. E.P. 110

Wednesday, November 14th.—Slept well, and feels much better.

M.P. 110 .. M.T. 101-4

The wound was dressed, and found to be perfectly satisfactory.

From this date his recovery proceeded without a single bad symptom.

November 20th.—Drainage tube removed. Wound all healed, except where tube was inserted, and at a spot at the lowest part of the incision. Ordered—

R. Quinæ Sulph. ..	3i.	
Tinct. Digitalis..	3ij.	
Acid Sulph. Dil.	3 ijas.	
Acid Carbol. ..	ms. xx.	
Aquæ ad ..	3 viij.	M

—tablespoonful every three hours.

November 24th.—Was allowed to sit in an armchair in the garden.

November 28th.—Openings of points of insertion of tube almost healed. Has been walking about the ward to-day, and feels much stronger.

Australian Medical Journal.

DECEMBER 1883.

THE MEDICAL SCHOOL

There is good ground of complaint against the University Council for the way in which the Medical School is habitually treated. It may, in part, be owing to insufficient representation of the medical element on that august body, but it says little for its sense of justice, and regard for the fitness of things, that those only should receive consideration who can assert their claims in person or by proxy. The Medical School has been, and is, by far the most successful depart-

ment of the University ; it has much the largest number of students, and, instead of being a drain on the University funds, it sends a large surplus, allowance being made for Professors' salaries, which are understood to be provided from the Government endowment. It can hardly be supposed that, under these circumstances, those who are actively engaged in the work of teaching and examining in connection with the school should consider themselves fairly treated, when helps and allowances are persistently kept at, or cut down to, the lowest point. To begin with the teachers. To them the success of this department of University work is owing, and some of them have continued to labour steadily in its interests for many years at a rate of remuneration which could not, at the highest, be considered excessive, and which has often been so low that the earning of it must have involved an actual loss. Now, when the work has increased, and fees amount to something considerable, it has been intimated that, in future, the salaries are to have a fixed maximum of £250 ; and there has been high jubilation over the fact that, by this paltry piece of economy, there would actually be a saving of about £200. Why any saving should be made at all is not easily apparent, since a claim has been made on Government for an addition of £2000 to the annual grant, for the ostensible purpose of adequately remunerating teachers and examiners, and providing suitable and sufficient appliances. The additional money has been granted, and it is a point of some interest to know what is to be done with it, since the proportion allotted to the Medical School is to be less than nothing. Want of money is not the reason, as, independently of this new grant, it is matter of notoriety that the Council decided to confer double sets of prizes and scholarships, even in opposition to the wishes of the Senate. Further, there was a proposal from the finance committee to build houses for some of the junior professors, and, of course, to give an equivalent to those who were not housed ; that is to say, each professor was to receive an addition of £100 to £150 a year to his income. Even then it would not be at all too high ; but clearly there

was no poverty when this could be even proposed. Again, when a claim was made, almost without warning, for a grant to the Athletic Association, the sum of £500 was at once forthcoming. Instead of want, an outside observer might more easily see in these facts indications of a plethora of money. Again, the Finance Committee was able to recommend that the salaries of the Lecturers on Medicine and Surgery should be £350, but, by a majority, this proposal was rejected. Payment, at rates almost insultingly low, is also offered to the medical examiners. Would it be believed that, while an examiner at matriculation receives seven pounds or guineas for preparing a paper to test the knowledge of schoolboys and girls, each co-examiner in medicine is expected to take part in preparing three to six papers for the sum of ten guineas, and last year the magnificent amount of five guineas was all that could be given for the same service? The astonishing thing is that the University Council should expect busy professional men of the highest standing to go through the drudgery for any such sum, or that they should be ready to do it. We do not suppose that it can continue; and if the system of conjoint examinations should prove a failure, the fault will be with those who devised an absurdly complicated scheme, and then objected to bear the expenses of it. And just as economy, to the extent of meanness, has been the rule in the payment of teachers and examiners, so it has been with teaching appliances. The last sample will serve as proof and instance. There is a medical library, for which new books are selected by the teachers of the Medical School. It is two or three years ago since any sum was allotted for the purchase of books, and recently each lecturer was informed that he might select books of the value of two pounds eight shillings sterling, and that if that amount was exceeded, it could be done only by drawing on next year's allowance. It follows that, in the opinion of the University Council, about ten pounds a year is a fair sum to give, for keeping a library provided with new and standard works on medicine and all the allied sciences. It is possible that these beggarly grants have been

thought to be in proportion to the accommodation provided in the Medical School buildings, and when these are enlarged, by the expenditure of the ten thousand pounds of a building grant, which Mr. Service wisely insisted must be spent on them, there may be proportionate increase of liberality in the supply of appliances. If so, it will be the beginning of quite a new régime. We would be more inclined to believe in its advent, however, if steps were being taken to establish the much-needed and long-talked-of lectureships on Clinical Medicine and Clinical Surgery. The necessity of making such appointments was one reason assigned for asking an addition to the annual endowment; but, now that it has been given, nothing further apparently is to be done, and another year at least is to pass without these most necessary appointments being made. The plea of want of funds simply cannot be admitted, in view of the facts above narrated.

THE NEW CENTRAL BOARD OF HEALTH.

After a good deal of delay, the new Board has been appointed. It is understood that this delay was very much owing to the difficulty in adjudicating on the claims presented by persons desirous of being appointed, and bringing pressure of a political kind to bear on the Chief Secretary or some other member of the Ministry. It is impossible, of course, to get political influence wholly eliminated in such cases, but a regard for the public well-being should have made it apparent that it should be allowed to weigh to a very small extent in this instance. Now that the appointments have been made, it is not going too far to say that the Board, on the whole, is not a strong one. This we believe to be the impression even beyond professional circles. Of the nine members, at least five should have been medical men; and of the four actually appointed, it is putting the matter mildly to state that Dr. Rose had no proper claims. He is a new comer, and has done nothing, in the way of professional work, to show that he should be entrusted with a share of the large powers and responsibilities devolving on

the Board. We suppose, however, that, like other mysterious dispensations, for which we are indebted to the present Chief Secretary, it must be submitted to. The first thing considered, under all circumstances, seems to be that political services must be rewarded. It is lucky that there are on the Board gentlemen of standing and reputation, who will insist on seeing that genuine work is done ; and we can only hope that the necessity of adequately remunerating them for time and thought given to public work will be seen, and early steps taken to have this done. We venture to point out to the medical members of the Board that, while they can give what time they please to honorary work, it may be a matter of duty on their part to make a stand against the prevailing feeling that medical services should be paid at the lowest possible rate, when paid for at all.

It may be of interest to compare the results of the medical examinations at the Melbourne University, just published, with those of the College of Surgeons of England. It is a common impression, we think, that the papers set to the students of our medical school are difficult, and it is perhaps the case that, as regards theoretical tests of knowledge, they are more severe than those of some of the licensing bodies in Great Britain. It is also commonly believed that there is a rather high percentage of rejections, and though this may also be the case when the returns are compared with those of some other licensing bodies, it is not so when the comparison is made with those of the English College. Of 34 candidates for the pass fellowship only 17 were accepted. For the pass membership examination 769 candidates presented themselves during the year, 281 were rejected, the period to which their next appearance was put off varying from three to twelve months. For the primary fellowship examination there were 122 candidates, of whom only 68 passed. For the primary membership 1119 candidates presented themselves, of whom those rejected numbered 324.

Extracts from the Medical Journals.

THE LANCET.

Abscesses in the upper part of the Abdomen.

Dr. Bristowe, in a clinical lecture at St. Thomas's, alludes to the difficulty in diagnosing abscesses in the upper part of the abdominal cavity. He instances an instructive case. A young woman came to the Hospital with the history that she had been suffering from ulcer of the stomach, that perforation of this viscus into the peritoneal cavity had taken place, that she had consequently had sudden and intense peritonitis, of which she had nearly died; but that her acute symptoms had subsided, and that there had been for two or three months slow but, on the whole, progressive amendment. "On admission her symptoms suggested to me that she was suffering from general tuberculosis, with special implication of the peritoneum. It is true that cases of recovery after rupture of the stomach into the peritoneal cavity are recorded, and especially I recollect that one such apparently undoubted case was published, many years ago, by the late Dr. Barlow of Guy's. But, knowing that recovery after such an accident is one of the rarest incidents in medicine, and never to be admitted in any case without the strongest evidence in support of it, I was naturally predisposed to disbelieve in the diagnosis made at the Westminster Hospital (where the patient had previously been under treatment.) I know, indeed, that I frequently pointed out that the symptoms she presented on admission into St. Thomas's were exactly such as one observes in tubercular peritonitis, and that, taking all things into consideration, it was more probable that the acute attack she had had some months before, and which had been attributed to perforation, was an accident, so to speak, of her abdominal tuberculosis, and had been misinterpreted. Her progress while under my care seemed to accord with my diagnosis; and the fact that she had a slight cough, attended with some indication of mischief at the apices of the lungs, and that shortly before her death she expectorated some very fetid fluid, amply, as I thought, confirmed it. Now, at the post-mortem, there really were found tubercles in the peritoneum and tubercles in the lungs; and so far, of course, I was right. But I could not help admitting that the tubercular disease was not sufficiently advanced to have caused

her death, or even to have been the chief factor in the causation of her symptoms. And, indeed, we found something more. We found that she had had an ulcer of the stomach, and that this had perforated the organ; and we found further that a circumscribed abscess between the stomach on the one hand, and the under surface of the liver and diaphragm on the other, had resulted from the perforation, and that the *foetid matter* expectorated from the lungs shortly before death had been derived from the abscess, which had opened through the diaphragm into the base of the left lung."

Dr. Bristowe points out that abscesses in the upper part of the abdomen, not due to abscess of the liver, are largely dependent on perforation of one of the hollow viscera.

Again, all the cases recorded suggest the importance of evacuating the contents of abscesses in this situation as early as possible, because, when left wholly to nature, they are liable to burrow in various directions, to discharge themselves into and through various organs, and to lead in the course of their extension to irreparable mischief.

A Contribution to the subject of Cerebral Localisation.

Dr. Sharkey commences in the *Lancet* (September 28th) an analysis of six cases of lesions of the supposed motor zone—the two central ascending convolutions. He states that many other instances of cortical lesions have come under his notice, but they were confined to other regions of the cortex, and they were complicated by some deep-seated disease, and were thus inappropriate for the question under consideration.

CASE 1 (Abbreviated).—Tubercular meningitis, with large crop of tubercles occupying the upper extremity of the two central convolutions of the right hemisphere, and producing left-sided convulsions and paralysis of the left leg.

E. A., *æt.* 9. She came of a fairly healthy family, in which there were no known hereditary diseases, and she had always had good health, except on one occasion, when she had been in hospital for fourteen days with blood-spitting. During the six weeks before I saw her she had three peculiar attacks, in which she suffered from great giddiness, temporary loss of sight, and convulsions of the left arm and leg. After the fit passed off the left arm and leg were paralysed, and remained so for about an hour and

a half. She then regained power, except in the left leg, which "dropped."

In intervals was fairly well, but was getting worse when I first saw her—October 27th, 1881. She had had then severe pain in head for ten days; was confined to bed, had vomited, but had had no convulsions. She was drowsy, constipated; temp. elevated. There was paresis of left leg, but no loss of sensation; no optic neuritis—pupils dilated and equal, acting well to light. No rigidity nor paralysis, except of the left leg. The patellar and plantar reflexes were normal.

November 8th.—Patient died.

Post-mortem examination revealed a general tuberculosis, with very trivial pathological changes, except in the brain. There was the usual tubercular meningitis at the base, with minute tubercles in the fissure of Sylvius. Besides this, there was moderate distension of the lateral ventricles with serum. There were, however, no tubercles in any other part of the brain, except in one region on the right, namely, in the anterior part of the superior parietal lobule, and in the upper extremity of the two ascending convolutions, as well as on the parts corresponding to these on the median aspect of the hemisphere. In these regions there was a very thick crop of grey miliary tubercles, closely packed together; and scattered here and there among them, especially on the median aspect of the brain, were yellow caseous masses of the size of a rather large pin's head.

Remarks.—This patient lived more than three months from the commencement of her illness. During the first ten weeks she simply had occasional epileptiform fits, which were confined to the left side of the body, and which were followed by a very transient paralysis of both limbs on that side, and by permanent weakness of the left leg. During this period there was probably nothing more than a local and slow growth of those larger caseous tubercles found at the post-mortem. About three weeks before her death pain in the head, vomiting, elevation of temperature, drowsiness, and paralytic phenomena referable to disease at the base, indicated in all probability the commencement of a more general meningitis, of which she soon after died. The position of the tubercular growth on the vertex corresponds very accurately with the region marked by Ferrier as the centre for the lower extremity; and the absence of any loss of sensation, together with the history of convulsions, followed by a local paralysis, makes the case a very

typical instance of localised cortical lesions. An interesting point, likewise illustrated by this case, is the localising value of the position of the permanent as opposed to the transient paralysis. For in this case the whole of the left side was convulsed and temporarily paralysed, but only that part of the body, which is in direct relation with the diseased cortical area, remained permanently affected.

R. A. S.

(To be concluded.)

AMERICAN JOURNAL OF OBSTETRICS.

The October number is a very valuable one. It opens with a paper by Dr. Paul F. Mundé on "Non-puerperal Lymphadenitis and Lymphangitis," in which he points out the curious fact that, while a large place is given by authorities to the lymphatics in the spread of puerperal affections, little attention has been paid to these vessels, and the glands accompanying them, in connection with non-puerperal pelvic diseases of an inflammatory character. He refers to the anatomical and pathological investigations of Cruveilhier, Virchow, and others, and especially to the more recent publications of Champonnière and Leopold on the distribution of these vessels, and then gives a history of six cases in which he met with what seemed to be enlarged and inflamed glands, generally behind the uterus, and which seemed to be the cause of painful symptoms. The true condition, he thinks, is often mistaken either for pelvic cellulitis or prolapsed ovaries, or possibly for small subperitoneal fibroids. From the former it is distinguished by the fact that the uterus is moveable, and the glandular nodules feel also loose. With care the distinction from the other conditions should be even easier. Prolapsed ovaries are larger, even more freely moveable, and not tender to a light touch, while the pain produced on firm pressure is different in character. As to causation, the disease is almost always associated with, and due to some uterine affection, as endometritis, cervical catarrh, or erosion, though mechanical injury of some sort may bring it about. The condition has a great tendency to recur, and is somewhat difficult of treatment. This resolves itself, in the main, into the use of measures akin to those found beneficial in chronic pelvic cellulitis, with the important difference that active treatment of endometritic conditions is essential. Mundé has found most benefit from hot

water injections, applications of iodine or iodoform with glycerine to the vaginal roof, and packing the vagina with dry cotton wadding. Hot hip baths are likely also to be useful, and he adds that Courty advises strongly the use of abdominal plasters and vaginal suppositories of mercurial ointment and extract of belladonna (100 to 5), and hydropathic treatment as a finale.

After this paper there follow others on "The diagnosis and treatment of subperitoneal cysts of the ovary," and on "Drainage in suppurative pelvic peritonitis and cellulitis," which have less novelty. Then there is a short note of two cases of abortion, in which there was placental retention for 115 and 66 days respectively, without more serious symptoms than repeated attacks of bleeding. The editor appends a note to the effect that such cases show the advantage of the immediate removal of the placenta in every case of abortion. Accidental retention of the female catheter is the subject of a few remarks by Dr. M. McLean. It is to be ascribed, in most cases, to the use of catheters with too large eyelets, through which the mucous membrane prolapses, though there may sometimes be spasmodic grasping of the instrument by the neck of the bladder. It may be prevented by the use of an instrument with a number of small openings, or obviated, even with the ordinary one, by closing the end of the catheter with the finger before removal, and while it still contains urine. In case of grasping, violent extraction must not be attempted, but a small quantity of cold water should be injected into the catheter to displace the incarcerated fold of membrane.

A new and useful feature of this number is the beginning of a series of reports on obstetrics and gynecology from European countries. The first is from France, by Dr. Auvard, of the Paris Maternity. About thirty pages are given to an abstract of the Transactions of the American Gynecological Association, which meets annually, and was this year at Philadelphia. The other contents (abstracts from medical journals, &c.) are shorter than usual, but are good in their way, and add to the value of this most creditable publication.

J. J.

REVUE DE MEDICINE.

Contribution to the Pathology of the Pneumogastric.—Stackler describes a case in which the symptoms, including permanent slow pulse with epileptiform and syncopal attacks, were evidently due to compression of the pneumogastric nerve by an aneurism of the aorta. The ascending aorta was found after death to be greatly dilated towards the right side, the induration round the sac involving the right vagus, which was red, swollen, and of harder consistence than normal, though when divested of its sheath it appeared natural, and showed no microscopic alteration of its fibres. Clots were found in the pulmonary artery, and others of longer standing in the right internal jugular vein; while in the lungs were apoplectic infarctions, and the apices were emphysematous. The symptoms included loss of appetite, nausea and vomiting, permanent dyspnoea, with momentary arrest of respirations during attacks, excessively slow irregular pulse, injection of veins in right pectoral region, neuralgic pains in cardiac region, fixed pain at xiphoid process and cephalalgia. There were mild fits with sudden pain in præcordia, and sometimes loss of consciousness or vertigo, as well as a more severe sort characterised by progressive slowing and arrest of cardiac pulsation, aura, loss of consciousness, syncope, cyanosis, coldness of surface, and convulsive movements. With re-appearance of pulsations, and, more slowly, of respirations, the attack ended with automatic cries, hallucinations, and a facial expression of terror and hatred. As the symptoms corresponded with those described by Charcot as accompanying permanent slow pulse, and also with the results of physiological experiment on the vagus, while on the other hand the autopsy revealed manifest signs of irritation of that nerve, Stackler thinks it only logical to conclude that his case was one of an affection of the pneumogastric. (No. 5, p. 404, 1882.)

On a Pupillary Phenomenon observed in some Pathological Conditions of early Infancy.—M. Parrot relates a number of cases, which he has divided into two series, according to the presence or absence of the particular condition of the pupil to which he invites the attention of clinical observers, namely, when, in certain morbid conditions, with the patient in a state of coma, we pinch the skin sharply, the pupils momentarily dilate, the nervous mechanism of the phenomenon being: irritation of the skin, propagation of this stimulus by the sensory nerves to the medullary centre, its reflexion to the vaso-constrictors of the iris, contraction of these

vessels and dilatation of the pupil. It is seen in tubercular meningitis, hæmorrhage into the pia mater, some cases of chronic hydrocephalus, and in certain undefined conditions in which the volume of the brain tends to encroach on the capacity of the cranium. On the other hand, there are morbid conditions accompanied by coma, but generally without convulsions, in which the pupil continues of a very narrow diameter, even though the pinching may be so severe as to cause reflex movements in the face or limbs. In these cases there is sometimes no appreciable lesion of nerve centres; at other times there is œdema or marked congestion of the pia mater, but in none is there compression of the brain. The cutaneous sensibility is greatly diminished, if not abolished, and their condition is one of asphyxia. So far the only practical application M. Parrot is able to deduce from these facts is the following:—Whether an infant be attacked or not by convulsions, if it is in a state of coma, in which the pupils do not dilate on pinching the skin, it is affected neither with meningitis nor with hæmorrhage of the pia mater; it is in a state of advanced asphyxia, and its death is imminent. (No. 10, p. 809, 1882.)

*Contribution to the Study of Pathological Sleep (Narcolepsy).—*M. Ballet believes that, considering the failure of theories to explain the phenomena of sleep, a clinical study of departures from the normal standard may help to throw light on the subject. He accordingly publishes several cases in which pathological exaggeration of the need for sleep was a marked symptom. It is seen in disorders of circulation (cardiac affections), of nutrition (diabetes, obesity), or of nervous function (hysteria), or in other conditions not well understood, of which affections it is a symptom, not a disease in itself. This so-called narcolepsy is the opposite of insomnia, and, like it, is associated with varied and complicated conditions. It varies in intensity between a dominant and usually invincible tendency to sleep, arising at any hour of the day spontaneously, or excited by slight external influences, and ordinary somnolency associated with indigestion or showing itself in sleeping-in in the morning; and in all its gradations the symptom, in Ballet's opinion, is fundamentally the same. Ballet seeks for an explanation of the symptom in defective nutrition of the cellular elements of the grey matter of the brain, due to congestive states, or to the circulation of the products of imperfect combustion in the blood, or to feebleness of the nerve elements themselves, these conditions alike rendering necessary a more frequent alternation between activity and repose. (No. 11, p. 945, 1882.)

A. M.

Review.

THE AUSTRALASIAN MEDICAL DIRECTORY.*

We have received from the publisher this first issue of what must be generally felt to be a very useful handbook. It is the first attempt to compile a medical directory for the Australasian colonies, and, in addition to serving this purpose, it also contains a large amount of information calculated to be of use to members of the profession. The first part contains an abstract of the principal laws affecting the medical profession in Australasia, even including Fiji. These abstracts seem to be sufficiently full and comprehensive, and it is a matter of congratulation (or the reverse) to Victorian practitioners that they are more largely affected by law than those of any other colony. The date of publication has, unfortunately, made it impossible to give a summary of the new Victorian Public Health Act, which has just come into force. On this part there follows a list of all Government Medical, and Health Boards, with the names of those holding appointments in them. The lists, so far as this colony is concerned, were correct very recently, but changes have been made to a considerable extent within the last few weeks, which, unfortunately, as in the case of the Health Act, could not be taken note of. Next follows a list of coroners, from which we find that in Queensland and South Australia all justices act as coroners when necessary, and that there is only one appointed coroner in the latter colony, viz., in Adelaide. Practically, it has almost come to be the same in Victoria, the police magistrates generally taking inquests as part of their work; and, failing them, the duty falls on some J.P. Except in New Zealand, medical coroners are now the exception. Next there follow, in succession, lists of medical and scientific societies, a scale of fees adopted in Victoria, and a summary of the regulations of all the Australasian Universities, with the names of the members of the governing bodies, and of teachers in the medical schools, where these exist, viz., in Melbourne and Sydney. In the case of the Melbourne University, the information must have been obtained from a calendar older than that for 1882-83, published several months ago. The medical course described is not quite that which has been in operation during the present

* The Australasian Medical Directory and Handbook, 1883. Edited by Ludwig Bruck. Sydney: Office of the *Australasian Medical Gazette*.

year, and changes in the staff, which took place nearly two years ago, are not indicated. Dr. James Robertson stands as Lecturer on Medicine, though he resigned in the end of 1881, and was succeeded by Dr. Bird, who, in his turn, had Dr. Williams as his successor. We have also to note a confusion between the Professorial Board and the Faculty of Medicine, and that the teacher of Chemistry is now *Professor* Kirkland. We regret to find these inaccuracies, which might, without much difficulty, have been avoided, though possibly enough, if this work had been compiled in Melbourne, there might have been similar errors with reference to the Sydney University. After lists of the members of the General Medical Council, and of Universities in all parts of the world, there follows the more strictly directory part. This supplies an alphabetical enumeration of the names of all known legally-qualified medical practitioners in these colonies, with their addresses, qualifications, and past and present appointments; and, supplementary to it, a gazetteer and local directory, giving names and particulars of all post towns in the colonies, with lists of the resident medical men. In conclusion, there are supplied—a table, showing the number of medical practitioners, veterinary surgeons, and dentists, and of hospitals and asylums in each colony; and a list of periodicals devoted to medicine and the allied sciences published in different parts of the world in the English language. It will be seen, therefore, that the contents of this new handbook are both valuable and interesting; and we hope that the compiler and publisher will be compensated fully for the labour and expense involved in its preparation.

THE UNIVERSITY OF MELBOURNE.

The relations of the different governing bodies still remain somewhat strained. The Senate having rejected the enabling statute sent down by the Council, a visitation by His Excellency the Governor, to settle the disputed question about exhibitions and scholarships, has become inevitable. There seems to be some unnecessary delay in getting this done, and no doubt wrong is inflicted on those who may go up for the honours examination in February, if the prizes are to be given, and who are thus kept in uncertainty. At the last meeting of the Council it was resolved to ask His Excellency to make his visitation, if possible, before Christmas.

With reference to the appointment of examiners, too, there have been difficulties. The Professorial Board has protested in strong terms against certain appointments, and some want of consideration for Professor M'Coy was shown in displacing him from his position as examiner at Matriculation in Geography. Apparently by way of attempt at compensation, he was appointed examiner in Botany, but declined to act. At the request of the Council, Dr. Neild has consented to examine in that subject.

At the meeting of the University Council on the 3rd instant, a letter was received from the Professorial Board, drawing the attention of the Council to the fact that the Board of Medical Registration in New Zealand had declined to register a gentleman who held the degree of M.B. of the Melbourne University. The Professorial Board asked the Council to request the good offices of the University of New Zealand in inquiring into the cause of such non-recognition, particularly as the University of Melbourne had recently resolved to recognise all the degrees granted by the University of New Zealand. It was also stated in the letter that the course the Professorial Board was recommending had received the approval and support of the Faculty of Medicine.

The Council resolved to send a copy of the letter to the secretary of the Board of Medical Registration in New Zealand, and also to the Chancellor of the University of New Zealand.

MEDICAL EXAMINERS' FEES.

A protest was received with regard to the fees paid to examiners in medicine. It was signed by a large number of the examiners in the Faculty of Medicine, and was to the effect that the fees of the examiners were wholly inadequate. The members who signed it intimated that they were unwilling to place the Council in any difficult position, and would therefore act as examiners for the present, but they also intimated somewhat plainly that unless the scale of fees were changed they would not act in future.

It was resolved that the gentlemen signing the petition be informed that, with regard to written examinations, the scale of fees was the same as that in other faculties, but that, with regard to oral examinations, the Council would consider the advisability of increasing the fees.

The question of the advisability or otherwise of increasing the fees was then referred to a special committee of the Council.

At the meeting on the 10th instant, the plans prepared by the University architects for the additional buildings, required for the enlargement of the Medical School, were received from the architects and submitted to the Council.

The cost of the additional buildings is to be defrayed out of the £10,000 recently voted by Parliament, but it appeared from the plans and estimates now submitted that the whole of the £10,000, and a great deal more, would be absorbed by the additional buildings. Objection was taken to so great an outlay, and also by most of the members of the Council to the architects' design, so far as the elevation was concerned.

After a long discussion, it was resolved that the Vice-Chancellor and Mr. Ellery should see the architects, and lay before them the views of the Council, and report to the Council at the ordinary meeting to be held in February next.

The special business for which the meeting had been summoned was then brought on.

Dr. Mackay moved—

"That Anthony Colling Brownless, Esq., M.D., the Vice-Chancellor, be appointed Chancellor of the University until the first meeting of the Council in May, 1884; and also, that the Rev. John Edward Bromby, M.A., D.D. formerly fellow of St. John's College, Cambridge, be appointed Vice-Chancellor for the same period."

Mr. Leeper pointed out that the University was already at the beginning of the vacation, and that, as the present would probably be the last meeting of the Council until the next academic year began, there was no pressing need to appoint a Chancellor. He therefore proposed the following amendment.

"That the consideration of the question of the elections be postponed to the ordinary meeting of the Council, to be held on the first Monday in March, 1884; that the business then have precedence over all other matters and that a special call of the Council be made for that meeting."

The amendment was carried by six votes against four.

The following are the results of the Ordinary Examinations for degrees in medicine for the October term, 1883:—

					Entries.	Passed.
First year	..	..	..	..	47	18
Second year	..	..	..	..	35	16*
Third year	..	..	..	..	21	13
Fourth year	..	..	..	..	23	13†
Fifth year	..	..	..	..	14	9
Total	..	..	..	..	140	69

* Also five in subjects entered for.

† Also three in subjects entered for.

First Year Medicine.

George Lawaluk Bell (Ormond College), Frank Hobill Cole, Arthur Gideon Hugh Colquhoun (Ormond College), Joseph Cookson (Trinity College), Walter Joseph Craig, Arthur Albert Crooke, Wilfrid Kent Hughes (Trinity College), Frederick David Jermyn, James Patrick Kelly, William Kenny, Richardson Wakefield Lewers, Percy Herbert Liddle (Ormond College), Conway Montgomery MacKnight, James Frederick Merrillees, James Hutcheson Pestell (Ormond College), Arthur William Sandford, Richard Rawdon Stawell (Trinity College), Johnstone Simon Thwaites.

Second Year Medicine.

Alfred Victor Millard Anderson, William Robert Boyd, Henry William Cardiff, Hugh Alexander Deravin, Charles Edwin Goodall, George James Archibald Billing Halford, Robert James Loosli, Joseph John Miller, William Joseph Alleine Moss, Albert Alexander Parry, George Campbell Rennie, Charles Donald Russell, Thomas Francis Ryan, John Henry Saunders, Henry James Herbert Scott, Francis William Wingrove.

PASSED IN SUBJECTS ENTERED FOR.

Henry O'Brien Deck, Horace Frederick Hayes, Thomas Hodgson, Robert Wilson Hughston, James Service Thomson.

Third Year Medicine.

James Amess, Francis Cole (Ormond College), William Christian Daish, George Thomas Howard, William Kilpatrick, Martin Magill, John Francis M'Allister, Charles Henry Molloy, Reginald George Ruddle, Reginald Edward Weigall, John Francis Wilkinson, Arthur Jeffreys Wood, William Atkinson Wood.

Fourth Year Medicine.

William Joshua Bird, Alexander Sydney Joske, Charles George Kent, Charles Timon Lane, Crawford H. Mollison, William Patrick Murphy, Frederick Armand Nyulasy, Nicholas Michael O'Donnell, James M'Imery Pardey, Edward Emerson Rosenblum, Edward Ryan, Noel Crawford Atterbury Vance, Alfred Purdue Vaughan.

PASSED IN SUBJECTS ENTERED FOR.

William Andrews, John Blair Donaldson, Walter Macgibbon.

Fifth Year Medicine.

Alexander Smith Aitchison, Roderick Aitchison, Charles August Altmann, William Henry Cutts, Arthur Augustus Fletcher, Melrose Mailer, Ernest Knight Overend, Charles William Pardey, John Steel.

At the graduation ceremonial on the 1st instant, the following degrees in medicine were conferred :—

Bachelor of Medicine.

Roderick Aitchison, Alex. Smith Aitchison, Chas. August Altmann, William Henry Cutts, Arthur Augustus Fletcher, Melrose Mailer, Ernest Knight Overend, Chas. Wm. Pardey, John Steel (absent, but admitted).

Doctor of Medicine (a.e.g.)

John Blair (Sydney University), Jeremiah M'Kenna (Queen's University, Ireland).

In addition to the annual *Calendar*, the Council has decided to commence, without delay, the issue of a *University Gazette*, which is to be issued fortnightly, and is to contain all information connected with the examinations of the University, the time-tables of lectures and examinations, the proceedings at meetings of the Council not voted confidential, the proceedings of the Senate, and all other information of a like kind necessary for the members of the University.

MELBOURNE HOSPITAL.

At the usual weekly meeting of Committee on the 20th Nov., Mr. Howitt applied to be placed on the list of honorary consulting surgeons, an honour usually accorded to late surgeons of the institution. The request was acceded to. Dr. Motherwell's name was also added to the list.

Dr. Motherwell presented a report from the building committee, recommending amongst other things the erection of an apartment for the purposes of microscopic examination by Dr. Allen.

In anticipation of Mr. Gregory's motion, of which notice had been given at the previous meeting, Dr. Beaney sent a letter giving the desired information about his case of pyæmia.

Mr. Marks moved that the explanation be accepted as satisfactory. This was seconded by Mr. De Verdon, who said that of course no lay committee would attempt to express an opinion on

the surgical treatment of a case by an officer of the institution. But they were perfectly entitled to ask for a report, whenever they thought the circumstances demanded it.

The motion was unanimously adopted.

At the meeting on the 27th ult. a letter was received from the University of Melbourne, stating that Professor Allen had been appointed to receive the pathological specimens. The letter was referred to Professor Elkington.

JUNIOR MEDICAL STAFF.

Mr. Davy moved: "That in view of the increasing number of medical students seeking admission to the hospital, the junior medical officers appointed by this committee be increased from five to eight, and that the fee at present paid to them for their services be abolished."

No one seconded the motion.

It was decided that the medical superintendent be requested to report, after conferring with the honorary staff, whether such a course was desirable.

At the meeting on the 4th inst. the medical superintendent reported that a case of erysipelas was admitted into the institution on the 26th ult., and the patient died a few days after of the disease. A case of erysipelas occurred in No. 2 ward, in a patient who was suffering from paralysis due to apoplexy. He died on the 3rd inst. During the past month 19 operations were performed, of these two have been cured or relieved, and none have died. Of cases operated upon in previous months, 13 have been discharged, cured or relieved, and two have died (both of hip disease.) At present there are no cases of erysipelas or pyæmia under treatment in the hospital. The proposed increase in the number of resident medical officers is about to be considered by the honorary staff, and a report on the subject will be submitted as soon as possible. He suggested that the question of appointing dentists to the hospital be referred to the honorary staff at the same time. Professor Elkington moved that the honorary medical officer that attended the patient who contracted erysipelas in the hospital be asked to furnish a report on the case, for the information of the committee.

The motion was carried.

BUILDING COMMITTEE'S REPORT.

The report of the Building Committee, recommending the alterations, which were estimated to cost £832, was adopted.

At the meeting of Committee on the 11th inst., the medical superintendent reported that the honorary staff held a meeting on the 6th inst. to discuss the following matters: 1st, the proposed increase in the number of resident medical officers; 2nd, the proposed abolition of the salary now paid to them; 3rd, the proposed appointment of an honorary dentist to the hospital. At the meeting the following resolutions were passed: "1. That the honorary staff are of opinion that an increase in the number of resident medical officers is not necessary, provided that some better means to insure a proper record of the cases be adopted. 2. That it is undesirable to abolish the salary now paid to the resident medical officers. 3. That a dentist be appointed, and, if the Committee desire, the honorary staff will be willing to assist in the selection." The medical superintendent entirely concurred in the opinions expressed; but with reference to Resolution 1, he believed that an improvement in the mode of recording cases could be obtained without any new appointments or fresh legislation; and with reference to Resolution 3, it might be stated that the honorary staff had as yet only determined that it was expedient to appoint dentists. The number, status, and mode of appointment of such officers had not been considered.

The report was received, and it was resolved to invite applications for the office of honorary dentist.

MEDICAL COMFORTS.

The Secretary laid on the table the following return showing the issue of medical comforts for the month ending November 30:

Medical Officers.	No. of Patients Treated.	Brandy.	Wine.	Gin.	Whisky.	Rum.	Champagne.	Ale and Porter.	Lemonade and Sodawater.
		oz.	oz.	oz.	oz.	oz.	bot.	bot.	bot.
Dr. Fulton	64	197	156	120	..	..	..	6	48
Dr. Robertson ..	64	194	..	48	..	..	..	5	39
Dr. Moloney	61	153	90	174	..	..	..	..	64
Dr. Williams	52	135	92	122	..	..	..	25	256
Dr. Beaney	79	274	..	..	..	..	4	65	67
Mr. Fitzgerald ..	61	190	..	..	..	..	..	19	67
Mr. James	44	288	..	..	..	17	24	9	67
Mr. Girdlestone ..	51	311	..	60	..	..	..	3	71
Totals	476	1692	338	524	..	17	28	182	679
Oct.	468	1855	422	128	..	12	22	178	554
Sept.	495	2428	569	82	6	29	29	153	374
August	543	2189	112	212	..	..	5	218	284
July	535	2020	504	250	..	..	3	305	160

VITAL STATISTICS.

Mr. Hayter has issued his general report on the census of 1881. It contains a large amount of valuable and interesting information of a statistical sort, about the other colonies as well as Victoria.

The following items are deserving of publication here.

The population of Victoria increased by nearly 18 (17·88) per cent. in the 10 years. The figures at the commencement and end of the decenniad were as follow :

POPULATION.							
1871	..	..	..	..	..	..	731,528
1881	..	..	..	..	..	..	862,346
Increase	..	..	..	..	..	..	130,818

A comparison of the returns of births and deaths at the two periods is the reverse of satisfactory, the former being fewer and the latter more numerous in 1881 than in 1871.

BIRTHS AND DEATHS.							
				1871			1881
Births	..	..	..	27,382	..	..	27,145
Deaths	..	..	..	9,918	..	..	12,302
Excess of births over deaths				17,464	..	..	14,843

The population enumerated at the census of 1881 was as follows :

Males	..	..	..	..	..	..	452,083
Females	..	..	..	..	..	..	410,263
Total	..	..	..	..	..	..	862,346

The previous census had been taken on the 2nd April, 1871, when the enumerated population amounted to 731,528, viz., 401,050 males, and 330,478 females. The increase, in the period between the two enumerations was thus 130,818, consisting of 51,033 males, and 79,785 females.

Between the censuses of 1871 and 1881 the excess of registered births over registered deaths was 145,903, viz., 66,923 of males, and 78,980 of females. If the colony had retained the whole of this natural increase, the census would have shown 15,890 more males than it did. It did show females equal in numbers to the natural increase and 805 more, and it thus

resulted that the total increase of both sexes was less by 15,085 than the natural increase.

In the same ten years the excess of recorded arrivals over recorded departures by sea was 52,352, viz., 39,314 males, and 13,038 females. These numbers being added to those just given showing the excess of registered births over registered deaths, the apparent increase of population between the censuses will be found to be 198,255, viz., 106,237 males and 92,018 females. The increase actually shown by the census of 1881 was, however, less than these numbers by 67,437, viz., 55,204 males and 12,233 females.

Inquiries made by Mr. Hayter convince him that over 40,000 persons left Victoria by sea during the decade whose departures were unrecorded, and that about 27,000 travelled overland.

In all the Australasian colonies males are still much more numerous than females. The sexes are most nearly equal in Victoria, next so in Tasmania, and next so in South Australia; the inequality is greatest in Western Australia, and next so in Queensland. This will be seen by the following figures :

PROPORTIONS OF THE SEXES.

Females to every 100 males.

1. Victoria	..	..	..	..	..	90.75
2. Tasmania	..	..	..	..	..	89.18
3. South Australia	..	..	..	..	..	87.05
4. New South Wales	..	..	..	..	..	82.77
5. New Zealand	..	..	..	..	..	81.66
6. Queensland	..	..	..	..	..	72.09
7. Western Australia	..	..	..	..	..	71.39

All the Australasian colonies except New South Wales have published returns of sickness and accidents, those for New Zealand, however, apply only to persons over 15 years of age, and therefore are not comparable with the others.

SICKNESS AND ACCIDENTS IN AUSTRALASIAN COLONIES, 1881.

Queensland had 1 person disabled from sickness

or accident in every	..	..	..	211 persons
Western Australia do.	..	..	..	68 do.
Victoria do.	..	..	..	59 do.
South Australia do.	..	..	..	58 do.
Tasmania do.	..	..	..	58 do.

New Zealand, as has been just stated, returned those disabled persons only who were over 15 years of age. These were in the very low proportion of 1 in 89 of the population at the same period of life. A proportion calculated upon the Victorian returns at a similar age gives 1 disabled person in 42.

Lunacy, like deafmutism and blindness, is increasing in Victoria:

LUNACY AT THE LAST THREE CENSUSES.

In 1861 there was 1 lunatic in every	..	819 persons
In 1871 do. do. do. ..	..	392 do.
In 1881 do. do. do. ..	..	304 do.

From whatever cause, lunacy appears to be much more rife in Victoria than in England and Wales. When the census of 1871 was taken, the proportion in the latter was 1 lunatic in every 574 of the population, which is a much lower proportion than that found to exist in Victoria, either at that census or at the census of 1881.

The only Australasian colonies, besides Victoria, which have collected complete returns of lunacy apart from idiocy, are New Zealand, South Australia, and Tasmania, in all of which the proportion is lower than in this colony, as will be seen by the following figures:

LUNACY IN AUSTRALASIAN COLONIES, 1881.

1. New Zealand had 1 lunatic in every	..	437 persons
2. South Australia do. do. do. ..	..	436 do.
3. Tasmania do. do. do. ..	..	334 do.
4. Victoria do. do. do. ..	..	304 do.

During the quarter ending September 30, the increase of population in Victoria by excess of registered births over registered deaths was 4437, viz., 2093 males and 2344 females; that by excess of recorded arrivals by sea over recorded departures by sea was 1843, viz., 1400 males and 443 females. The total increase of population from those sources was thus 6280, viz., 3493 males and 2787 females. The increase by excess of births over deaths was greater than in the corresponding quarter of the previous year by 335; but as the increase by excess of arrivals over departures was less by 245, the net increase of population was larger by only 90. It is stated that, whilst it is probable nearly all the deaths and arrivals by sea are noted, there is reason to believe that some births and

departures by sea are not recorded, and that no account is or can be taken of persons who come and go overland.

The births of 912 children—viz., 462 boys and 450 girls—were registered in Melbourne and suburbs during the month of October. In the month of September 831 births were registered, or 81 less than in the month under review. The births were 214 above the average of the previous nine years, but 136 above that average if allowance be made for the increase of population. The deaths registered in October numbered 434, viz., 229 of males and 205 of females; the births thus exceeded the deaths by 478. The deaths outnumbered those in September by 39, and exceeded the average of October during the previous 10 years by 62. If, however, allowance be made for the increase of population, they will be found to have exceeded the average of those 10 years by 16. To every 1000 of the population of the district the proportion of births registered was 3·13, and of deaths registered 1·49. As compared with the previous month, deaths from zymotic diseases increased from 39 to 50. Under this head deaths from scarlatina rose from nil to 2, those from diphtheria from 1 to 3, those from croup from 4 to 5, those from dysentery and diarrhoea from 7 to 17, and those from rheumatism from 2 to 4. Deaths from constitutional diseases increased from 80 to 106.

The weekly abstracts of births and deaths in Melbourne and suburbs showed :

During the week ending 10th November, 145 births and 98 deaths. Of the deaths, 26 were of children under three years, 23 of them being under one year.

During the week ending 17th November, 145 births and 98 deaths. Of the deaths, 36 were of children under three years of age, and 23 were under one year.

During the week ending November 24, births 194, and deaths 100. Of the total deaths, 48 were of children under three years of age, 38 being under one year.

During the week ending December 1, 189 births and 127 deaths were recorded. Of the total deaths, 66, or 52 per cent., were of children under three years of age; 60, or 47·2 per cent. of them being under one year. Among young children, sickness (especially diarrhoea) and mortality have been much above the average. Some cases of measles and chicken-pox are reported at Prahran.

During the week ending 8th December, 221 births and 139 deaths. Of the total deaths, 68, or about 49 per cent. were of children under three years of age; 61 of these, or about 44 per cent. being under one year.

CENTRAL BOARD OF HEALTH.

The new Central Board of Health was appointed at a meeting of the Executive Council on November 20th. The members nominated were Dr. Youl, Dr. Rose, M.L.A., Dr. James Robertson, Professor H. B. Allen, Professor W. C. Kernot, Mr. G. S. Coppin, M.L.A., Mr. N. Thornley, M.L.C., Mr. J. C. Newbery, C.M.G., and Mr. C. R. Blackett.

The Board held its first meeting on the 23rd ult., when Dr. Youl was voted to the chair. It was resolved to recommend the Chief Secretary to at once appoint a chairman, and that recommendation having reached Mr. Berry, he decided that Dr. Youl should be offered the position. It was accepted by that gentleman, and in the afternoon he was appointed at a meeting of the Executive Council.

The first meeting of the fully constituted Board was held at the Old Treasury on Wednesday the 5th inst. Present—Dr. Youl (president), Dr. Robertson, Dr. Rose, Mr. Coppin, Professor Allen, Professor Kernot, and Mr. Newbery. Mr. Blackett and Mr. Thornley were unavoidably absent.

Health Officers.

The undermentioned gentlemen were approved and confirmed: Boroughs—Ararat, C. H. B. Barker, M.B., *vice* J. Smeal, resigned; Buninyong, C. H. W. Hardy, M.B., *vice* C. H. Scott, M.B., resigned. The Board declined to confirm the appointment of one practitioner who had been nominated by a borough council.

Plans and specifications of a number of public buildings were submitted and approved of.

The Board gave permission to the Chief Inspector of Stock to erect a kennel for the reception of dogs imported under the new regulations, at the Sanatorium, Wyndham.

Federal Quarantine.

The Chief Secretary recently transmitted to the Board the proposal of the New South Wales Government to establish a system of federal quarantine. The details of the plan were set forth in a pamphlet by Dr. Mackellar, the medical adviser to that Government. A large amount of information on the subject had been gathered by the Board, and a report was agreed on for the information of Mr. Berry, at the Convention now sitting in Sydney.

Calf Lymph Dépôt, Model Farm.

The whole of the correspondence in this matter having been referred to the Board by the Chief Secretary, with instructions to take decided action, the Board passed certain resolutions, which will have the immediate effect of putting matters at the dépôt on a proper footing, and, under the superintendence of a thoroughly efficient public vaccinator, maintaining an ample supply of calf lymph for gratuitous distribution to the public vaccinators throughout the colony.

The Board proceeded to form among the members committees to deal with the several parts of the new act affecting health legislation. Thus the papers in each section will come, from day to day, within the purview of each individual expert member of the Board, and the new regulations for the guidance of the local authorities, rendered necessary by the statute recently passed, will have the advantage of a systematic distribution of work subsequently discussed by the general body.

Local Subjects.

For some time there have been troubles among the members of the medical staff of the Ballarat Hospital. The *Ballarat Courier* of the 4th inst. has a long and moderately-stated article on the subject, from which we learn that some members of the honorary staff object to what they consider the small share they have in the active management of the institution. Dr. Owen, the resident medical officer, has occupied the position for about eighteen years, and has given the fullest satisfaction to the committee, and naturally enough has gradually come to have almost complete control of the treatment of patients admitted. From this position he is unwilling to withdraw, and on the other hand those who are supposed to be placed in charge of the patients think their appointment little better than a sham, and a majority of the honorary staff insist on their right. To avoid any harm resulting to the institution from a final breach, it is proposed that there should be some conference between the conflicting parties with a view to a compromise. The position of course is very much the same as it was at Geelong a few years ago; and sooner or later a visiting staff, with full responsibilities and duties, must be at work, as in most hospitals of similar importance. This will be the indispensable condition of recognition of the hospital, by the University of Melbourne, as a place where students may take part of their hospital practice, a thing which has been for some time looked forward to by some of the Ballarat citizens. We hope that the present difficulties will be got over without unnecessary scandal or heartburnings.

Dr. Cutts, who has been on a visit to Europe, returned to the colony by the last mail steamer.

Dr. Jackson, who was for a good many years in practice at Mount Gambier, S.A., and, previously to that, for a short time resident in Melbourne, has decided, after visiting the mother country, to commence special ophthalmic practice in this city.

At recent meetings of the Medical Board, the following gentlemen registered their qualifications:—Thomas Henry Knott, H.M.S. Nelson, M.R.C.S. Eng. 1864, L.S.A. Lond. 1864; Henry Bolton Clark, of Heathcote, M.R.C.S. Eng. 1848, L. Mid. Dub. 1852; Charles Frederick Lethbridge, of Alexandra, M.R.C.S. Eng. 1865, L.S.A. Lond. 1877; Edward Stanley Tresidder, of Creswick, M.R.C.S. Eng. 1882, L.R.C.P. Lond. 1883; Roderick Aitchison, of Melbourne, M.B. University of Melbourne, 1883; John Crawford, of Melbourne, L. et L. Mid. R.S.C. Edin. 1874; Ernest Knight Overend, of Carlton, M.B. University of Melbourne, 1883; Charles Augustus Altmann, of Chiltern, M.B. University of Melbourne, 1883; Charles William Pardey, M.B. University of Melbourne, 1883; Arthur Augustus Fletcher, of Carlton, M.B. University of Melbourne, 1883; Albert Smith Aitchison, of Geelong, M.B. University of Melbourne, 1883.

Reports having reached the offices of the Central Board of Health that typhoid fever had appeared at Bacchus Marsh in a virulent form, the local board was asked to give some information concerning it. It has replied that

only two cases resulted fatally, both patients being women; and that it is a matter of congratulation that the outbreak was not so severe as at first reported.

The Medico-Chirurgical College of Philadelphia, which granted a diploma to the Rev. R. V. Danne, which the Medical Board of Victoria refused to recognise, has written to the latter on the subject. The letter has been considered by the board, and the secretary, Mr. J. J. Shillinglaw, has replied, informing the college authorities that the board refused to register Mr. Danne as a practitioner because they consider it impossible that, within the few months which elapsed from the time he left Victoria to his return, he could have, by the ordinary and recognised methods, satisfied any body of men empowered to confer a diploma that he was qualified to practice as a physician.

In addition to those mentioned elsewhere, the following gentlemen have been appointed public vaccinators:—J. C. M'Kee, L.R.C.S., for Costerfield; D. C. Morgan, M.R.C.S., for Bairnsdale; Henry Read, L.F.P.S., for Terang; and G. M. Cole, L.S.A., for Woods Point. The resignations of John Hood, L.F.P.S., for Oudit, and C. H. W. Hardy, M.B., for South Melbourne, have been accepted.

The Tuberculosis Board, at its second meeting, adopted a form of circular to be sent to all practising veterinary surgeons, secretaries of agricultural societies, and others likely to supply information. Answers were requested to certain queries as to the prevalence of the disease, and a report asked of any facts bearing on its transmissibility, &c., special prominence being given to the risk supposed by many to be attendant on the use by infants of milk from tuberculous cows. The main object of issuing the circular is to obtain information, which may guide the board in making more direct investigations. Until some assistance of that sort is obtained, it would of course be difficult to know in what direction to turn. If definite conclusions of value are to be arrived at, it is apparent that a considerable amount both of time and labour will have to be given to the inquiry.

We have received the *Kyneton Observer* of December 11th, which contains a long letter signed by Drs. Pestell, Smith, and Langford, honorary surgeons to the local hospital, on what seems to be a disputed point as to the best method of providing a contagious diseases hospital. It is creditable to the local authorities at Kyneton that they should have at once set about providing this important requirement. We are unable to enter fully on the merits of the controversy, of which the letter is only a continuation, but the arguments adduced in favour of a moveable hospital or hospitals, on account of the largeness of the district, appear to be cogent and well supported. It will be a misfortune, however, if differences of opinion about the location should, as in Melbourne, delay, perhaps indefinitely, the providing of a hospital of any kind.

BIRTH.

KENNEDY.—On the 25th ult., at Albury, the wife of P. Kennedy, L.R.C.S.I., of a son.

ROBERTSON.—On the 13th inst., at Alagar, Charnwood-crescent and Alma-road east, St. Kilda, the wife of Robert Robertson, M.R.C.S. Eng., of twin daughters.

MARRIAGES.

ADAM—JONES.—On the 27th ult., at Holy Trinity Church, East Melbourne, by the Rev. H. N. Wollaston, assisted by Rev. G. W. Adam, father of the bridegroom, Dr. George Rothwell Adam to Eveline Grace, fifth daughter of the late W. C. Jones.

CROSSEN—AFFLECK.—On the 30th ult., at SS. Peter and Paul, Emerald Hill, by the Rev. D. Quinn, and subsequently by the Rev. Charles Bell, Henry Crossen, surgeon, L.F.P.S.G., to Isabella, relict of James Affleck, Esq., of Kybybolite and Glenronald. No cards.

EDWARDS—SIMS.—On the 15th ult., at the Congregational House, Geelong, by the Rev. J. F. Gannaway, George Edwards, of London, to Madeline Sims, widow of the late Dr. J. R. Sims, daughter of W. Atkins, late of Flinders-street, Melbourne.

LAWSON—WIDGERY.—On the 14th ult., at Lillimur North, Victoria, by special licence, by the Rev. Rowland Hayward, George A. Lawson, J.P., eldest son of the late Dr. Geo. Lawson, F.R.C.S.E., M.D., J.P., of Ravelstone Cottage, Port Lincoln, South Australia, to Marion (Marie) Widgery, only daughter of the late John Widgery, solicitor, of Claremont House, St. Kilda, Victoria. No cards.

NANKIVELL—YOUL.—On the 28th ult., at St. Peter's, East Melbourne, by the Rev. Canon Handfield, Guy Murray, third son of T. J. Nankivell, Studley Park, to Ada Mary, third daughter of Richd. Youl, M.D., of Melbourne.

OCHILTREE—MITCHELL.—On the 20th ult., at St. Peter's Church, Ballarat West, by the Rev. H. W. H. Adeney, Edward Graham Ochiltree, M.D., second son of W. B. Ochiltree, Esq., of Park-hill, Joyce's Creek, to Laura Josephine, eldest daughter of Alfred Mitchell, solicitor, Ballarat.

STEVENSON—KENT.—On 1st inst., at St. Kilda, by the Rev. S. Robinson, Ralph D. Stevenson, M.B., C.M., San. Sci. Cert. (Cambridge), resident surgeon Daylesford Hospital, third son of the late James Stevenson, Esq., of Crawshaw, to Belle, fifth daughter of George Kent, Esq., Brixton, London.

TAYLOR—MASON.—On the 27th ult., at Christ Church, St. Kilda, by the Rev. J. Stanley-Low, Tom Taylor, Timmering Station, near Rochester, to Lilian Mary, eldest daughter of Dr. Mason, Robe-street, St. Kilda.

YOUNG—M'NICOLL.—On the 4th inst., at Christ Church, Daylesford, by the Rev. G. T. Armstrong, William John Young, manager Evesham Station, Queensland, second son of Charles Young, M.P., Kyneton, to Dallis, second daughter of the late James M'Nicoll, M.R.C.S.E.

DEATHS.

HARDING.—On the 16th Nov., at the residence of her brother-in-law, John Filson, Flemington, Elizabeth, second daughter of the late Robert Harding, Esq., M.D., of Croon, County Limerick, Ireland.

MARTIN.—On the 10th inst., Lucy, widow of the late Dr. Robert Martin, of View Bank, Heidelberg, aged 78.

WEBB.—On the 9th ult., Flora, wife of Dr. Webb, of Dunedin, New Zealand.

We have to acknowledge receipt of communications from Dr. Gunning, Narracoorte, and Dr. W. Gardner, Adelaide, in addition to the usual exchanges.

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